

Credit Card Expense Form

Name: _____

Date of Receipt: _____

Business Name: _____

Amount of Receipt \$ _____

"Bill To" Account _____

Comments: _____

Date of Receipt: _____

Business Name _____

Amount of Receipt \$ _____

"Bill To" Account _____

Comments: _____

Date of Receipt: _____

Business Name _____

Amount of Receipt \$ _____

"Bill To" Account _____

Comments: _____

Date of Receipt: _____

Business Name _____

Amount of Receipt \$ _____

"Bill To" Account _____

Comments: _____

Please return this form and receipts to:

Tim McFadden, Treasurer

PO Box 25785

Fresno, CA 93729