

Arizona Society for Histotechnology



Arizona Society for Histotechnology
 POBox # 9802
 Scottsdale, AZ 85252
 azshell@cox.net

Expense Report

Name: _____

Date of expense: _____

Purpose of expense: _____

Date	Description	Total
Total		
Cash advanced		
Total owed to you		
Total due		

Signature: _____

Date: _____

Approved by: _____

Date: _____

Receipts must be attached to expense form.

Treasurer approval: _____ Date: _____ Check #: _____