SAINT ALPHONSUS LIGUORI PARISH

Loved and Called by God

ST. ALPHONSUS LIGUORI PARISH

EXPENSE REPORT

DATE: _____

NAME: _____ PROGRAM: _____

DATE	TYPE OF EXPENSE	ACCOUNT CODE	CLASS CODE	ACTIVITY/REASON	AMOUNT
Attach all receipts to support expense				**TOTAL**	

	SUMMARY:	ACCOUNT NO	CLASS	MEMO	AMOUNT
1					
2					
3					
4					
5					
6					
				TOTAL	

Signed: _____ Date: _____

Approved: _____ Date: _____

Please return to rectory by Wednesday for quicker payment