



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

<u>SUMMARY:</u>	<u>ACCOUNT NO</u>	<u>CLASS</u>	<u>MEMO</u>	<u>AMOUNT</u>
1				
2				
3				
4				
5				
6				

TOTAL

Signed: _____

Date: _____

Approved: _____

Date: _____

Please return to rectory by Wednesday for quicker payment