



Saint Paul Jaycees Expense Report

Date: _____

Requestor (Printed Name): _____

Requestor (Signature): _____

Home Address: _____

E-mail Address: _____

Position in the Jaycees: ___ Board Member ___ Active Member ___ Associate Member

Expense(s) Event and/or Description: _____

Receipt #1 Total: _____

Receipt #2 Total: _____

Receipt #3 Total: _____

Receipt #4 Total: _____

Receipt #5 Total: _____

Please submit this cover sheet along with your original receipts and send to the Jaycees office at:

Saint Paul Jaycees
Attn: Expense Report
1 West Water Street, Suite 275
Saint Paul, MN 55107