

**DEEP SOUTH STOCK HORSE SHOW ASSOCIATION
Expense Account Form**

Name _____ Tele _____

Address _____
and Street _____

_____ City _____ State _____ Zip _____

Committee or Office Expense is to be charged to:

<u>ITEM</u>	<u>DATE</u>	<u>AMOUNT</u>
Postage	_____	_____
Other Expenses	_____	_____
_____	_____	_____
Miscellaneous (Itemize) (Attach all receipts)		
_____	_____	_____
_____	_____	_____
_____	_____	_____

TOTAL _____

Amount Spent to Date _____ TOTAL

Signature _____ DATE _____

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Date paid _____ Check # _____ Treasurer _____
Reconciled _____

Amt paid _____