

MCSC EXPENSE FORM

Form Effective Date: 6/1/2025

INSTRUCTIONS :

Return completed **FORM & RECEIPTS** to MCSC Treasurer: mail/in person/scan&email to MCSCtreasurer@outlook.com

***Receipts are REQUIRED for ALL expenses. Identify line items on physical receipts if mixed with personal charges.**

*Copies of **credit card statements may be used** when receipt not available, or to show final international currency conversions.

*If using a statement as a receipt, please black out your account number and address (keep name, applicable line items).

EVENT/TRIP NAME:	
EVENT/TRIP LOCATION:	
EVENT/TRIP DATE(S):	
NAME:	
ADDRESS (street)	
ADDRESS (city, state, zip)	
Phone (mobile):	
Email:	
ZelleID for processing	

*If no ZelleID provided, a PAPER check will be sent via US Mail.

Line	DATE OF EXPENSE:	DESCRIPTION: (include: item description, quantity, unit price, Event date, # of attendees, etc.)	PAID TO: (Supplier Name)	PAYMENT TYPE: (credit, cash, Zelle, check)	AMOUNT (\$)	Receipt (Y/N)
1	9/15/2024	<i>Example:</i> Group Tickets - Somerset Patriots BBQ on 8/15/24, 18 members x \$20 each, 2 Non-Members x \$25 each	ComanyName	credit	\$ -	Y
2					\$ -	
3					\$ -	
4					\$ -	
5					\$ -	
6					\$ -	
7					\$ -	
8					\$ -	
9					\$ -	
10					\$ -	

Expense SubTotal	\$ -
LESS any Non-Reimbursable amount	\$ -
Total Amount to be Reimbursed	\$ -

Submitted By: _____
Name / Date

Approved By: _____
MCSC Officer Name / Title / Date

To be completed by Treasurer:

Authorized Payment Amount:	
Payment Processed Date:	
Payment Method:	
Confirmation or Check #:	