Rebuilding Together™
Greater Los Angeles

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EXPENSE SUBMITTAL FORM

PROJECT: _____
SITE: _____

_____

PAY TO : _____
ADDRESS: _____

_____

CITY, ZIP: _____
PHONE: _____

	Date	Description	Acct #	Class	Amount
1					
2					
3					
4					
TOTAL					

ATTACH ORIGINAL RECEIPTS. PAYMENT CANNOT BE MADE WITHOUT RECEIPTS.

_____

Bill Submitter's Signature and Date Authorized by- Signature and Date

_____

For Accounts Payable Use Only:

Paid by Check Number(s): _____ Date(s): _____ Posting Reference: _____

Signature: _____