

# Hawaii Macintosh & Apple Users' Society

## Expense Report

Date of Report:	
Submitted by:	
Telephone:	
E-Mail Address:	
Payable to:	
Mailing Address:	
<b>Submitter's Signature -</b>	

TYPE OF REQUEST	
Reimbursement -	
Purchase Request -	
Other -	

<b>Approval by:</b>
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<b>Date Approved:</b>
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**INSTRUCTIONS:**

1. Attach 'original' receipts and SIGN this form.
2. Submit the form, with receipts, to HMAUS Treasurer:

Terrence Young  
HMAUS Treasurer  
910 16th Ave  
Honolulu HI 96816

Accounting Information:	
Received:	
Recorded:	
Date Paid:	
Check Number:	
Amount:	\$

**EXPENSE DETAIL**

VENDOR	PRODUCT	AMOUNT	PURPOSE	RCPT	DATE
<b>PAGE TOTAL:</b>					

<b>ADDITIONAL INFORMATION</b>