



Members Expense Claim Form

Check # _____

Amount: \$ _____

Casino / General

Account: _____

Name: _____

(Name of whom the check will be issued to)

Date	Product and/or reason for expenses	Amount
	Total	\$

Corresponding receipts for expenses must be attached to this form.

Approval

All checks must be approved by the board of directors at a regular meeting.

Meeting Date: _____

Moved by: _____

2nd by: _____

Treasurer Signature: _____