



**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
/	<b>Total</b>	<b>\$</b>

**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: \_\_\_\_\_

2<sup>nd</sup> by: \_\_\_\_\_

Treasurer Signature: \_\_\_\_\_