# Covered Bridge Swim Club (CBSC)

## Miscellaneous Expense Statement

| Name: | | Date: | |
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| | | | |
| **Date** | **Vendor** | **Description** | **Amount** |
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| | | **Amount Due TOTAL** | |

Signature: _____

Approval: _____
(CBSC Board / Mgrs)

*NOTE: Please attach all receipts. Upon Approval of a CBSC Board Member or Pool Manager, Forward Signed Expense Statement to CBSC Treasurer - Francis Manning for Processing.*