

Expense Form

CALIFORNIA FEDERATION OF INTERPRETERS



Pay to:

Mailing Address:

Phone number:

Date:

Date of expense	Description of expense	Reason for expense (please list a specific project or activity)	City	Amount owed

Balance due:

All expenses must be approved in advance, submitted within 60 days of the expense, and be supported by receipts for each item. You must sign and date each submission. Forms must be e-mailed to info@local39000.org

This certifies that the expenses listed above were incurred by me on behalf of CFI Local 39000.

Signature

Date