

CLUB & ASSOCIATION DUES

Expense Report Template

Report No:

Member/Employee Name:

Date of Report:

Department/Division:

Period Cover:

Job Title:

Manager/Approver:

DATE PAID	ORGANIZATION / CLUB NAME	MEMBERSHIP TYPE	BUSINESS PURPOSE / BENEFIT	RECEIPT/REF #	AMOUNT

Subtotal

Tax / Other Fees

TOTAL REIMBURSEMENT

Claimant/Employee Signature

Date:

Authorized Approver Signature

Date:

Please attach all original receipts, invoices, and proof of payment. All memberships must align with organization policies.

