



# JOB'S DAUGHTERS INTERNATIONAL SUPREME GUARDIAN COUNCIL

## EXPENSE CLAIM

Date \_\_\_\_\_

Claimant \_\_\_\_\_

Title \_\_\_\_\_

Address \_\_\_\_\_

\_\_\_\_\_ City State/Province/Terr. ZIP/Postal Code

For _____	
For _____	
For _____	
For _____	
For _____	
For _____	
For _____	
For _____	
<b>TOTAL</b>	

Remarks

Signed \_\_\_\_\_

Send expense claim, with original receipts, to the Finance Committee Chairman.

\_\_\_\_\_  
Chairman, Finance Committee Date

\_\_\_\_\_  
Finance Committee Member Date

\_\_\_\_\_  
Finance Committee Member Date