



**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 _____	
TOTAL	

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