



## WSFCA Monthly Expense Form

Name: \_\_\_\_\_ Date: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone: \_\_\_\_\_ Email: \_\_\_\_\_

For the Month of: \_\_\_\_\_ Year: \_\_\_\_\_

**Expenses** **Total**

**Personal Auto** for month \_\_\_\_\_ total miles @ \$ \_\_\_\_\_ (list trips below) \$ \_\_\_\_\_

From: \_\_\_\_\_ to: \_\_\_\_\_ Date: \_\_\_\_\_

From: \_\_\_\_\_ to: \_\_\_\_\_ Date: \_\_\_\_\_

From: \_\_\_\_\_ to: \_\_\_\_\_ Date: \_\_\_\_\_

From: \_\_\_\_\_ to: \_\_\_\_\_ Date: \_\_\_\_\_

**Business Phone:** \$ \_\_\_\_\_

**Other Expenses:**

Item	Date	
_____	_____	\$ _____
_____	_____	\$ _____
_____	_____	\$ _____
_____	_____	\$ _____

<b>Total Expense submitted</b> <span style="float: right;"><b>\$ _____</b></span>
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Submitter's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Treasurer's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Submit to the WSFCA Business Office, 6737 W. Washington Street, Milwaukee, WI 53214