

**BRUNSWICK NEWCOMERS CLUB
P.O. BOX 10861
SOUTHPORT, NC 28461**

EXPENSE REPORT

To Be Completed by Person Initiating:

Person Submitting (Print Name)

*Committee Chairperson Approval:
Name of Committee*

Chairperson Name, Date & Initialed

Expense Amount

Description of Expense

To Be Completed by BNC Treasurer:

Check Amount

Check Made Payable To

Check Number

Check Date

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