



Expense report

 NEW HAMPSHIRE CHAPTER												Finance Use Only: Check#: / Amount Payment Date:	
Expense report				Address to send check:									
Name:	Mark Lucas			None - Used Chapter Debit Card				EXPENSE PERIOD:		From:			
										To:			
Position	President												
Purpose	ULINE SELF-SEAL WHITE BUBBLE MAILERS #0 - 6 X 10"												
Date	Description					Account (Finance use only)			Ref #	Total			
11/19/2020	Uline PO # 45879170 : 1 Box of 250 ULINE SELF-SEAL WHITE BUBBLE MAILERS #0 - 6 X 10"								1	\$48			
11/19/2020	Uline PO # 45879170 : Shipping and Handling								1	\$18			
										0			
I HEREBY CERTIFY that all above expenses are accurately recorded and were incurred by me as necessary in the service of the PMT New Hampshire										Subtotal	66.11		
										Advances			
										Total	66.11		
Your Signature		APPROVED By:											
													
Signature Date		Approval Date:											
11/30/20										(Form rev: 2016_11_14)			