DISTRICT 81 of SOUTHEAST TEXAS AREA (SETA) 67
PO BOX 567 League City, TX 77574
EXPENSE REPORT

Service Position:								submitted by:			
Date Submitted:		**Date Paid:**						**Paid Ck #:**	**AMT:**		
	PLEASE PRINT LEGIBLY	**Attach ALL pertinent receipts. Please submit PRIOR to district meeting. Specify handling (mail/pick-up)**									
Receipt Date	**Vendor & Purpose**	**Lodging**	**Travel**	**Printing**	**Rent**	**Workshops**	**Events**	**Supplies**	**Literature**	**Phone**	**AMT to be Reimbursed**
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☐	Will get at District meeting										
☐	Please mail to my home address										
FNB 2018-02	**TOTAL per TYPE**	$	$	$	$	$	$	$	$	$	$