MONTHLY EXPENSE REPORT

Budget Name: _____

Month: _____ **Year:** _____ **Beginning Balance:** _____

Date	Merchant/Payee	Budget Cost Center	Commodity Code	Receipt	Payment	Balance

Monthly Expense Report is to be submitted to the Treasurer no later than the last Sunday of the month. Attach all receipts and any missing receipt reconciliation forms to this report.

_____

Budget Administrator's Signature