Stoa USA EXPENSE FORM

Stoa Administration Expenses

PAYEE _____
ADDRESS _____
CITY _____
STATE _____
ZIP CODE _____

EXPENSE PURPOSE: _____

PERIOD: _____
From _____
To _____

Please write the expense code on each receipt submitted for ease of cross reference.

Date	Description	Expense Type	Account Code	Area	Amount
					$ -
					$ -
					$ -
					$ -
					$ -
					$ -
					$ -
					$ -
					$ -
					$ -
					$ -
					$ -
				Total	$ -
				Advances	$ -
				Total	$ -

Approved by:
Date:
Paid on Date:
Check #: