

# CCLS Expense Report

Reporter's Name \_\_\_\_\_

	Date	Description	Amount
1			
2			
3			
4			
5			
6			
7			
8			
9			
10			
11			
12			
<b>Total Amount</b>			

Report's signature \_\_\_\_\_ Date \_\_\_\_\_

CCLS Authorized Signature \_\_\_\_\_ Date \_\_\_\_\_  
\_\_\_\_\_