

**2018 Women’s Council Lake Pointe Network**

**Expense Detail Form**

**!**

**Name: Office:**

**Purpose: Committee:**



**Check to mail to: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Explantion / Detail of Expense Amount:**

**Total Spent $\_\_\_\_\_\_\_\_\_\_\_\_**

**Please turn in form with receipts to:**

**Pat Dery, Lake Pointe Treasurer 31525 23 Mile Rd. Chesterfield, MI 48047**

**Internal Purposes: Date Paid: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Check # \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**