



Draper Community Foundation

1020 East Pioneer Road
Draper, UT 84020

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www.drapercommunityfoundation.org

Expense Report

Submitter: _____

Address: _____

Board/Committee: _____ Date Submitted: ____/____/____

Expense Budgeted: ___ YES ___ NO Budget Item: _____

Board/Committee Approval By: _____

ALL RECEIPTS MUST BE ATTACHED TO THIS REQUEST

Date	Vendor/Payee	Description/Purpose	Total
Total Owed To You			

For Internal Use

Date Received: ____/____/____ Reimbursement Approved By (DCF Officer): _____

Date Processed: ____/____/____ Payment Date: ____/____/____

Processed By: _____ Check #: _____