



Initials _____
 Date _____
 Prepared By _____
 Approved By _____

PROGRAM EXPENSE DISBURSEMENT SHEET

FOR PERIOD COVERED: _____ TO: _____

PAGE: ____ OF ____

FACILITY: _____

DATE OF EXPENSE	DESCRIPTION OF EXPENSE	(1) CASH	(2) ACTUAL EXPENSE	(3) AMOUNT TO REIMBURSE
	TOTAL:			
	SUMMARY:			
	Cash on hand:			
	Plus (+) reimbursement from prior week:			
	Sub Total:			
	Less (-) to reimburse (column 3):			
	Closing Balance:			