

Alpine Lodge Expense Reimbursement
(Not for Improvements or Major Projects)

Name: _____
(please print)

Date: _____

Address: _____

Instructions: Please ensure that all receipts/invoices are attached. Each expense item on the receipt should be clearly labeled by the account code to which it belongs. If the item falls into an other category, briefly describe type of expense.

Reminder: Labor cannot be expensed unless it is a Contract Service with Licensed Company.

Account Group	Amount	Acct. Code
1) Supplies		
Pantry Food & Kitchen & decorations, name tags, Etc.		65042
Housekeeping		65041
First Aid		65043
Other: describe		
2) Office Expense		
Office Supplies & Postage		65077
Printing/Copying		65078
3) Work Parties		65035
4) Host Training		65045
5) Cleaning & Laundry		65025
6) Repairs & Maintenance		65015
7) Contract Services (need invoice)		62150
8) Other: describe		
Total	0	

I certify that the above expenses were incurred for the purposes of Alpine Lodge.

Signature

Date

When completed mail report and receipts/invoices to:

Mimi Lee
2299 Cecilia Ave.
San Francisco, CA 94116

10/5/22 WO