

# Stoa USA EXPENSE FORM

## Stoa Tournament Expenses

PAYEE \_\_\_\_\_  
 ADDRESS \_\_\_\_\_  
 CITY \_\_\_\_\_  
 STATE \_\_\_\_\_  
 ZIP CODE \_\_\_\_\_

PERIOD:  
 From \_\_\_\_\_  
 To \_\_\_\_\_

TOURNAMENT NAME / EXPENSE PURPOSE

\_\_\_\_\_

Date	Description	Expense Type	Expense Code	Amount
				\$ -
				\$ -
				\$ -
				\$ -
				\$ -
				\$ -
				\$ -
				\$ -
				\$ -
				\$ -
				\$ -
				\$ -
				\$ -
				\$ -
				\$ -
				\$ -
				\$ -
				\$ -
				\$ -
				\$ -
				\$ -

Approved by: \_\_\_\_\_  
 Date: \_\_\_\_\_

Total	\$ -
Advances	\$ -
<b>Total</b>	<b>\$ -</b>