

**West Valley Girls Softball  
Expense Report**



Name: \_\_\_\_\_

Item	Date	Purchase Place	Description	Amount
1				
2				
3				
4				
5				
6				
7				
8				
9				
10				
11				
12				
13				
14				
15				
Total				0.00

Paid Check No.: \_\_\_\_\_

Signed: \_\_\_\_\_

Approved: \_\_\_\_\_