



**JOB'S DAUGHTERS INTERNATIONAL  
SUPREME GUARDIAN COUNCIL**

**EXPENSE CLAIM**

Date \_\_\_\_\_

Claimant \_\_\_\_\_

Title \_\_\_\_\_

Address \_\_\_\_\_

\_\_\_\_\_ City State/Province/Terr. ZIP/Postal Code

|              |  |
|--------------|--|
| For _____    |  |
| For _____    |  |
| For _____    |  |
| For _____    |  |
| For _____    |  |
| For _____    |  |
| For _____    |  |
| For _____    |  |
| <b>TOTAL</b> |  |

Remarks

Signed \_\_\_\_\_

Send expense claim, with original receipts, to the Finance Committee Chairman.

\_\_\_\_\_  
Chairman, Finance Committee Date

\_\_\_\_\_  
Finance Committee Member Date

\_\_\_\_\_  
Finance Committee Member Date