Friends of the Chanhassen Library **EXPENSE REPORT**

Please complete all information. This will expedite your payment / reimbursement.
Please PRINT and attach your receipts.

Date: _____

Name: _____

Check Payable to: _____

Address: _____

City, State, Zip _____

Your phone: _____

Mail form and receipts to

Molly Slominski
2280 Hunter Drive
Chanhassen, MN 55317

Date	Amount	Account Classification	Description / Program

	Total
	Amount Paid
	Date Paid