Elmendorf Officers' Spouses' Organization

Cash Accountability Sheet

To be completed by the Payee:

Payee Name: _____

Address: _____

_____

Phone: _____

List expenditures and attach ***all*** receipts.

Date	Item(s) or Service(s)	Amount

Remarks: ***Total Expenditures***

To be completed by the Treasurer:

Date Paid	Check #	Initials

Fund: ☐ Charitable ☐ Social

Budget Category: _____

Amount: _____ **dollars and** _____ **cents.**

I certify that the payment referred to above has been made, the amount is just and correct, and that payment has not previously been made.

_____

Account Custodian Signature