



Waunakee Touchdown Club, Inc.

Expense / Deposit Statement

Name: _____

Date: ____ / ____ / ____

☐ Reimbursement Required?

Send payment to:

Expense / Deposit Detail:

Committee / Activity	Description	Amount
		\$
		\$
		\$
		\$
		\$
		\$
		\$
		\$
		\$

Total Expenses / Deposits

\$ _____

Please attach proof of expense / deposit by attaching receipt(s) or deposit slip(s).

Please mail form & receipts to:

Waunakee Touchdown Club, Inc.

P.O. Box 43

Waunakee, WI 53597

Or email scanned form & receipts to:

treasurer@waunakeefootball.com