

LEISURE VALLEY RANCH MAINTENANCE EXPENSES

Date: _____

ACTIVITY or AREA: _____

SOURCE	INCOME	AMOUNT
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ADVANCE:

TOTAL INCOME

PAID TO	EXPENSE	AMOUNT
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ADVANCE RETURN:

Please attach all receipts

TOTAL PAID OUT

INCOME LESS EXPENSES

Net Profit

Completed by: _____

Reimbursement to: _____
(Signature)

AMOUNT: _____ **CHECK:** _____ **CASH:** _____