EXPENSE REPORT

Catholic Charities of Palm Beach, Inc.
Accounting Office
9995 N. Military Trail
P.O. Box 109650
Palm Beach Gardens, FL 33410-9650

Check to:

Location: Period of:

Receipt No.	Date	Expenditures	Account No.	Amount

Prepared by: _____ Total Expenses: $ _____
Date: _____
Authorized by: _____