



JAIN

SOCIETY OF METROPOLITAN WASHINGTON

A NON-PROFIT TAX-EXEMPT RELIGIOUS ORGANIZATION, ID # 54-1139623

JAIN CENTER: 1021 BRIGGS CHANEY ROAD, SILVER SPRING, MD 20905 PH # (301) 236-4466

MAILING ADDRESS: P.O. BOX 4548, SILVER SPRING, MD 20914

EXPENSE STATEMENT

To The Treasurer:

The following expenses have been incurred by me on behalf of the Jain Society of Metropolitan Washington for: _____

Date of Expense	Services	Receipt Attached?	Amount of Expense
TOTAL			

Please reimburse me for the above expenses.

Please make the payment to the above referred party.

Jain Society Check Number _____ has been issued.

Submitted By:

Name: _____

Address: _____ Signature

_____ Date

<p>APPROVAL</p> <p>_____</p> <p>President</p> <p>_____</p> <p>Date</p>	<p>DISBURSEMENT</p> <p>Paid \$ _____ by Check Number _____ on _____</p> <p>_____</p> <p>Expense Category Treasurer</p>
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