



JAIN SOCIETY OF METROPOLITAN WASHINGTON

A non-profit tax-exempt religious organization, ID# 54-1139623

4241 Ammendale Road, Beltsville MD 20705

Mailing Address: P.O. Box 603, Beltsville MD 20704 | www.JSMW.org

Expense Report

Instructions:

Complete the form below and include copies of receipt/invoice. Submit the report along with receipts and email to treasurer@JainSocietyDC.org and President@JainSocietyDC.org.

The following expense have been incurred by me on behalf of the JSMW for (Explain Event/Area):

Expense Date	Service	Receipt Attached	Amount
		☐	
		☐	
		☐	
		☐	
		☐	
		☐	
TOTAL :			

Please reimburse me for the above expenses using payment method below:

☐	Check mailed to the address below
☐	Zelle: Account ID (Phone or email): _____

Submitted By:

Full Name _____

Street Address _____

City, State Zip _____

Email Address _____

Phone Number _____

Signature _____

Date _____

For Office Use

APPROVAL

DISBURSEMENT

_____ Paid \$ _____ by check number _____ on _____

President

_____ Date _____ Expense Category _____ Treasurer _____