

# **FIRST NIGHT CHATHAM**

## **Expense Report**

Attach original receipts for each line item on the report.  
Please allow 7 days for processing

**Name:** \_\_\_\_\_  
**Address:** \_\_\_\_\_  
\_\_\_\_\_  
**Email:** \_\_\_\_\_

Date	Payee	Description	FNC Event/Project	Amount



\_\_\_\_\_  
Date                                Signature

\_\_\_\_\_  
Date                                Chairman

### **Total Expenses**

**CHAIRMAN'S SIGNATURE IS REQUIRED FOR EXPENSES EXCEEDING \$50.00.**

**VENDORS EXCEEDING \$599.99 IN EXPENSE MUST SUBMIT W-9 PRIOR TO PAYMENT**

Mail to: **Ron Clark, Treasurer**  
**First Night Chatham, Inc.**  
PO Box 80  
Chatham, MA 02633

Or email to: [fnctreas@gmail.com](mailto:fnctreas@gmail.com)