



DONATION OF EXPENSES FORM

Name:		Phone #:		Email:	
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Date of Event	Event Name

We would like to record an accurate cost of the event, so please list below items you purchased out of pocket and their costs:

Description of Item	Cost
TOTAL	

I would like my STM record to reflect a charitable donation of the following amount (receipts need to be attached, please):	
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Signature:	Date:
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Please deliver this form to the committee chair for the event. Thank you.