

Workshop Expense Form

NORTH CAROLINA LIBRARY ASSOCIATION

DATE: \_\_\_\_\_

Committee/Section/Roundtable: \_\_\_\_\_

Workshop Title: \_\_\_\_\_

Workshop Date: \_\_\_\_\_ Attendance: \_\_\_\_\_

Workshop Location: \_\_\_\_\_

Contact Person: \_\_\_\_\_

Phone: (    ) \_\_\_\_\_

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Itemize and describe expenditure	Amount
_____	_____
_____	_____
_____	_____
	<b>Total</b> _____

Itemize and describe income	Amount
_____	_____
_____	_____
_____	_____
	<b>Total</b> _____

Authorized Signature \_\_\_\_\_