

Expense Detail

Office: _____
Officer Name (SCA/Legal): _____

Estimated Expenses				
	Item Description	Unit Cost	Qty	Total
1.				
2.				
3.				
4.				
5.				
6.				
7.				
8.				
9.				
10.				
11.				
12.				
13.				
14.				
15.				
16.				
17.				
18.				
19.				
20.				
21.				
22.				
23.				
24.				
25.				
Total Estimated Expenses				

Notes: