Name _____

Address _____

City _____ State _____ Zip _____

Check Number _____

For President & Chief Operations Officer Use Only

Payment Date | | | | | |

Payment Type/Draft No. | | | | | |

Expense Statement For

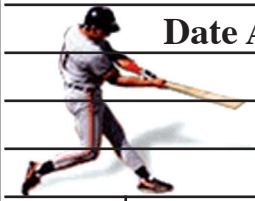
Received From The Continental Amateur Baseball Association _____

_____ Dollars. In Full Payment Of Below.

Signature _____ Date _____

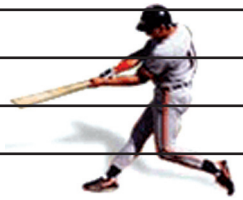
Phone Number _____

Email _____



Date And Business Reason For Expense

Nature Of expense



Date	Description	Ann. Meeting	Internet Service	Hardware Including S/N	Supplies	Postage	Rules Meeting	Insurance	Total
	Totals								
								Grand Total	

Correct

I hereby certify that I have incurred all of the ordinary and necessary expenses listed on behalf of the Continental Amateur Baseball Association

Signature _____

Title _____

Date _____