

TOM OF FINLAND FOUNDATION

Dedicated to Protecting, Preserving and Promoting Erotic Art

FOR OFFICE USE ONLY

Date: _____

Check #: _____

Total: _____

EXPENSE ACCOUNTING FORM

Date Submitted: _____

Indicate where appropriate:

- ____ Check request for purchase
- ____ Reimbursement for out-of-pocket expenses
- ____ Expense accounting for credit card
- ____ Expense accounting for cash received
- total \$ _____

FROM: _____

FOR PROJECT/ EVENT: _____

Make payable to: _____

Approved by: _____

Use a separate form for each project or event. Attach receipts to this form. Use the other side if necessary.

EXPENSE DETAIL:

Date	Vendor Name	For	Amount
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Total Amount for *this* side _____

Total Amount for *other* side _____

Total Amount _____