



Expense Estimate Form

Southern Lancaster County Chamber of Commerce
Tax ID: 23-2824958

All project expenditures must be approved by the Board prior to purchases.

A reasonable estimate with itemized expenditures will suffice for initial approval.

Committee: _____

Name (Chair): _____

Address: _____

City: _____ Zip _____

Phone: _____

Email: _____

Complete the form, attach any estimates to this form and mail to:

Southern Lancaster County Chamber of Commerce

PO Box 24
Quarryville, PA 17566

Please identify and list proposed expenses below.

Project Name:

What is to be purchased:	Estimated Cost:
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
	Total Expected Costs: \$ _____

I certify that all expenses listed above will be incurred for the benefit of the Southern Lancaster County Chamber of Commerce and I am requesting to be reimbursed for these expenses.

Signature

Date

Board Approvals (Initials of 2 or more Board Members) _____

