

# SALEM ARTS ASSOCIATION

## RECEIPTS FOR EXPENSES FORM

Staple receipt to this sheet  
and place in the cash box.

Event: \_\_\_\_\_

Gallery need: \_\_\_\_\_

Items purchased: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Total due: \_\_\_\_\_

## PAY TO:

Name: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

Telephone: \_\_\_\_\_

Email: \_\_\_\_\_

Notes:

FOR OFFICE USE ONLY

\_\_\_\_\_  
SAA Officer Sign-off / OK

PAID \_\_\_\_\_