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Community Support Group Expense Report

CHECK REQUEST

Group Name: _____ Group Leader: _____

Make Check Payable to: _____

Mailing Address: _____

Purpose of expense:

Date	Item	Event/Activity	DSG Acct Codes	Total

Receipts should be attached to the expense report **Total**

Date Submitted: _____

Group Leader Signature: _____

My signature indicates that all expenses being charged to the DSG are related to serving DSG members. Office Use only ↓

Comments:

Date Paid:

Check #:

DSG Signature: _____

Date: _____