FLORIDA WHIPS EVENT EXPENSE STATEMENT			
ORGANIZER			DATE
EVENT			REGION
	TOTAL	METHOD	
PAID TO	PAID	CK-CASH- CC	DESCRIPTION
	1710		
TOTAL FROM INCOME STMT		LESS WHIP	MEMBERSHIP FEES COLLECTED \$
TOTAL EXPENSES		-	ATTACH ALL RECEIPTS TO THIS PAGE
			TO THIS PAGE
INCOME/(LOSS)			
		-	
REIMBURSEMENT DUE:			REIMBURSEMENT MADE BY FLORIDA WHIPS
NAME			DATE CHECK NO.
	AMOUNT		