



# Pennsylvania State Association of County Fairs

## EXPENSE CLAIM

ZONE:

NAME

ADDRESS:

CITY/ST/ZIP:

EVENT:

DATE:

(For Fair Visitation - List on Back of this sheet)

TOTAL

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### FOR OFFICE USE ONLY

Date Paid \_\_\_\_\_

Check # \_\_\_\_\_

Amount \_\_\_\_\_

Acct \_\_\_\_\_

RETURN TO:

PSACF

128 CUMBERLAND RD.

BEDFORD, PA 15522