



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

FOR OFFICE USE ONLY

Date Paid _____

Check # _____

Amount _____

Acct _____

RETURN TO:

PSACF

128 Cumberland Road

Bedford, PA 15522