

Maryland Stars Expense Report Form

Date:	
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From:	



Item	Team/Activity	Amount	Receipt	Date	What
1	14U	\$35.00	none	4/15/05	Umpire fees — Example only
2					
3					
4					
5					
6					
7					
8					
9					
10					
11					
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21					
22					
23					
24					
25					
26					
27					
28					
29					
30					
Total		\$0.00			

Approval
Signature

	Date:
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Treasurer
Signature

	Date:
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