

## Expense Detail

Office: \_\_\_\_\_  
Officer Name (SCA/Legal): \_\_\_\_\_

Estimated Expenses				
	Item Description	Unit Cost	Qty	Total
1.				
2.				
3.				
4.				
5.				
6.				
7.				
8.				
9.				
10.				
11.				
12.				
13.				
14.				
15.				
16.				
17.				
18.				
19.				
20.				
21.				
22.				
23.				
24.				
25.				
<b>Total Estimated Expenses</b>				

**Notes:**