



REPORT OF CHARGE TO NISHU ACCOUNT

Not for reimbursable expenses, please use one slip per vendor account.

Nishu Bowmen P.O. Box 509, Bismarck, ND 58502

Vendor Name	<input type="checkbox"/> D & E Supply <input type="checkbox"/> Flash Printing <input type="checkbox"/> Mann Signs <input type="checkbox"/> Rinehart	<input type="checkbox"/> Runnings <input type="checkbox"/> Scheels <input type="checkbox"/> Other: _____
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Date Incurred	Items	\$ Amount **
	(List Shipping & Handling Separately, If Applicable)	
Total Charge		
Charged By:	X	

* Per Nishu Bowmen Bylaws, any line item over **\$500 must be approved by the board** before the expense is incurred. Please enter date of meeting minutes in which expense was approved. **Date of Approval:** _____

* Per Nishu Bowmen Bylaws, any line item over **\$10,000 must be approved by the membership** before the expense is incurred. Please enter date of meeting minutes in which expense was approved. **Date of Approval:** _____