SEEC FORM 20
Rev. 1/12

Section R. ADDITIONAL PAGE ____ of ____

NAME OF COMMITTEE	TYPE OF REPORT

R. Expenses Incurred on Committee Credit Card

Name of Issuing Institution	**Type of Credit Card:** ☐ Visa ☐ Master Card ☐ Discover ☐ American Express ☐ Other:

Name of Vendor			Date of Transaction	
Street Address	City		State	Zip Code
Purpose of Expenditure (by code)	Description	Event #	**Amount**	
Expenditure # *(if applicable)*	Type of Expenditure *(if applicable)* **Itemization in Addendum R Required** ☐ Coordinated with reimbursement sought ☐ Coordinated without reimbursement sought ☐ Independent ☐ Organization: ○ **A** ○ **B** ○ **C** ○ **D** ○ **E**			

Name of Vendor			Date of Transaction	
Street Address	City		State	Zip Code
Purpose of Expenditure (by code)	Description	Event #	**Amount**	
Expenditure # *(if applicable)*	Type of Expenditure *(if applicable)* **Itemization in Addendum R Required** ☐ Coordinated with reimbursement sought ☐ Coordinated without reimbursement sought ☐ Independent ☐ Organization: ○ **A** ○ **B** ○ **C** ○ **D** ○ **E**			

Name of Vendor			Date of Transaction	
Street Address	City		State	Zip Code
Purpose of Expenditure (by code)	Description	Event #	**Amount**	
Expenditure # *(if applicable)*	Type of Expenditure *(if applicable)* **Itemization in Addendum R Required** ☐ Coordinated with reimbursement sought ☐ Coordinated without reimbursement sought ☐ Independent ☐ Organization: ○ **A** ○ **B** ○ **C** ○ **D** ○ **E**			

Name of Vendor			Date of Transaction	
Street Address	City		State	Zip Code
Purpose of Expenditure (by code)	Description	Event #	**Amount**	
Expenditure # *(if applicable)*	Type of Expenditure *(if applicable)* **Itemization in Addendum R Required** ☐ Coordinated with reimbursement sought ☐ Coordinated without reimbursement sought ☐ Independent ☐ Organization: ○ **A** ○ **B** ○ **C** ○ **D** ○ **E**			

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