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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