

| El Salvador VT# (dates) | | | | | | | | | |
|-------------------------|--------|------------------------|-------|------------------|----------------|-------------------|----------------|-------------------|-------|
| DATE | Vendor | Description of Expense | TOTAL | Areas of Expense | | | | | Notes |
| | | | | Team Expenses | House Expenses | Food Distribution | Medical Clinic | *Other* (explain) | |
| 1 | | | | | | | | | |
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| 27 | | | | | | | | | |
| 28 | | | | | | | | | |
| TOTALS | | | - | - | - | - | - | - | - |

Please write number from the lefthand column onto receipt for tracking. Extra funds are to be brought back and not left with a national unless authorized in advance. Please stick to guideline with honorariums to maintain expectations for future teams.