

Group Expense Sharing Document

Group Name:

Date:

Expense Description	Amount	Payer	Participants
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Additional Notes:

Please fill in all expenses. Each participant's share can be calculated based on the total amount and the number of participants.