Michigan State Council Expense Report

| NAME: | | | POSITION: PERIOD E | | | | | | | |
|-------------------------------|----------------------|---|--------------------|--------------------------|------------------|---------|-------|---------------|------------------|-------|
| DATE | TRAVEL FROM HOME To: | PURPOS | SE AND COMMENTS | Distance in Miles | Mileage @ .30 | Lodging | Meals | Misc. | Explain | Total |
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| CATEGORY SUB-TOTALS | | | | | | | | | | |
| Name | | | | | | | | 1 | | |
| | Street | Send to State Deputy at least quarterly - 9/30, 12/31, 3/31, 6/30 | | | | | | Phone Charges | | |
| City, State Zip | | | State Deputy | State Deputy's Approval: | | | | | Copies, Supplies | |
| City, State Zi | | Σip | | Date: | | | | | Postage | |
| Sign here | | | | | | | | | | |
| STATE OFFICE USE ONLY Check # | | | | Date: | | | | | TOTAL | |
| Account | Amount | Account | Amount | Account | Amo | | | | | |
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