Michigan State Council Expense Report



NAME:	POSITION: PERI								ENDING:		
DATE	TRAVEL FROM HOME To:	PURP	OSE AND COM	MENTS	Distance in Miles	Mileage @ .30	Lodging	Meals	Misc.	Explain	Total
CATEGORY SUB-TOTALS											
Name Office Send to State Deputy at least quarterly - 9/30, 12/31, 3/31, 6/30									Phone Charges		
	Street	-	State Deputy's Approval:								
City, State		Zip	-	State Deputy					-		
Sign here	:		-		Date.			-		roctage	
STATE OFFICE USE ONLY Check # Date:									TOTAL		
					e:		-				
Account	Amount Account Amount		iount	Account	Amo	unt					
									1		
City, State Sign here	:	Zip	-	Send to State State Deputy	Deputy at lear's Approval: Date:					Phone Charges Copies, Supplies Postage	