

# Michigan State Council Expense Report



NAME: \_\_\_\_\_ POSITION: \_\_\_\_\_ PERIOD ENDING: \_\_\_\_\_

DATE	TRAVEL FROM HOME To:	PURPOSE AND COMMENTS	Distance in Miles	Mileage @ .30	Lodging	Meals	Misc.	Explain	Total
CATEGORY SUB-TOTALS									

Name \_\_\_\_\_ Office \_\_\_\_\_  
 \_\_\_\_\_  
 Street \_\_\_\_\_  
 \_\_\_\_\_  
 City, State \_\_\_\_\_ Zip \_\_\_\_\_  
 Sign here: \_\_\_\_\_

Send to State Deputy at least quarterly - **9/30, 12/31, 3/31, 6/30**

State Deputy's Approval: \_\_\_\_\_  
 Date: \_\_\_\_\_

Phone Charges \_\_\_\_\_  
 Copies, Supplies \_\_\_\_\_  
 Postage \_\_\_\_\_  
**TOTAL** \_\_\_\_\_

STATE OFFICE USE ONLY						Check # _____	Date: _____
Account	Amount	Account	Amount	Account	Amount		