

MLSA EXPENSE REIMBURSEMENT FORM

NAME: _____

DATE: _____

TREASURER USE ONLY	
APPROVED BY TREASURER	_____
APPROVED BY BOARD MEMBER	_____
CHECK #	_____
DATE CHECK ISSUED	_____
AMOUNT OF CHECK	_____

*This report must be used for all expense reimbursements. Complete Section I for local expenses. Complete Section II for any out-of-town travel expenses. **Please attach original receipts for all expenses.***

I. EXPENSES

DATE: _____
AMOUNT: _____
PURPOSE: _____

II. TRAVEL EXPENSES

DESTINATION: _____
DATE OF DEPARTURE: _____
DATE OF RETURN: _____
PURPOSE OF TRAVEL _____

TRANSPORTATION:

LODGING:

HOTEL/MOTEL: _____

MEALS:

PLACE: _____
PLACE: _____

ADMINISTRATIVE/OTHER:

TOTAL TRAVEL EXPENSES

\$ _____