



Expense Form

Name: _____

Address: _____

City/State: _____

Date	Vendor / Payee	Description / Purpose	Project	Amount	Actg Only

TOTAL

Approved by: _____

NOTE: Use this form to request
reimbursement for TEAM related expenses.

(Attach receipts to back) **Mail to:** Linda Cooper, 1330 Pine Grove Trail, Lowell MI 49331

Amount _____

Check # _____

Date: / /