the
Eventing
association of
" Michigan

## **Expense Form**

Approved by:	association of Michigan	Name:  Address:  City/State:	•			
Approved by:	Date Vendor	· / Payee	Description / Purpose	Project	Amount	Actg On
Approved by: Amount  NOTE: Use this form to request reimbursement for TEAM related expenses.  Check #						
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Approved by: Amount  NOTE: Use this form to request reimbursement for TEAM related expenses.  Check #						
NOTE: Use this form to request reimbursement for TEAM related expenses.  Check #				TOTAL		
reimbursement for TEAM related expenses.	Approved by:		_	Amount		
(Attach receipts to back) Mail to: Linda Cooper, 1330 Pine Grove Trail, Lowell MI 49331 Date:/	NOTE: Use this form to request reimbursement for TEAM related expenses.			Check #		
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