MISGA DIVISION ___ EXPENSE VOUCHER

| NAME | | PHONE | | | DATE | |
|-------------------|---|------------------------|------------|--|---------------|----------------|
| ADDRESS | | | E-MAIL | | | |
| CITY | | | STATE | | ZIP | |
| | * Attach all available receipts/invoices. * Official mileage is payable at \$0.67 per mileMILES Enter under TRAVEL \$ * Use this specific form for expenses chargeable to your Division and NOT to MISGA. * Forward this completed form (signed & dated) to your Division Director for approval and processing | | | | | |
| DATE | DESCRIPTION | TRAVEL \$ | PRINT \$ | POSTAGE \$ | OTHER \$ | TOTAL \$ |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | COLUMN TOTALS \$ | | | | | |
| | I Certify that all items listed were | e expended by me for a | TOTAL REIM | COLUMNS >>>>> BURSEMENT REQI on behalf of MISGA. | | |
| | | Signature/Date | | | | |
| | | PAID | | | | |
| | | | Date | Check # | Division Fina | ancial Officer |
| APPROVED: | | | | | | |
| Division Director | | Date | | | | |

^{***} Typed names on this form are accepted as electronic signatures ***