Rev. 1-Mar-16

Page 1

Address			Fax #				Date _	
City - State Zip Code			E-MAIL					
Zip Code	* Attach all available receipts/inv * Official mileage is payable at * Use Page 1 for expenses char * Use Page 2 for expenses char * Forward page 1 completed & s	\$0.54 geable to MIS geable to the	Division.		MILES			
Data	Description	T	Dist	Division	Dester	Off.	Other	A
Date	Description	Travel \$	Print \$	Phone \$	Postage \$	Supplies \$	Item	Amount \$
	COLUMN \$ TOTALS							
TOTAL ALL COLUMNS >>>>>> >>> TOTAL AMOUNT CARRIED FORWARD FROM Page 2 TOTAL REIMBURSEMENT REQUESTED >>>>								
	I Certify that all items listed were	e expended by	/ me for a	uthorized	activities	on behalf o	of MISGA.	
		Signature				Da		
	PAID:	Date)	Check No.		Treasurer		
APPROVED:					_			
	MISGA President		Da	ate				

MISGA EXPENSE VOUCHER

NOTE: MISGA only reimburses mileage at the IRS approved rate which is in effect for the time period the expense was incurred.