MISGA EXPENSE VOUCHER

NAME _____ **PHONE** _____ **DATE** _____

ADDRESS _____ **E-MAIL** _____

CITY _____ **STATE** _____ **ZIP** _____

* Attach all available receipts/invoices.
* Official mileage is payable at $0.67 per mile _____MILES Enter under TRAVEL $
* Use this specific form for expenses chargeable to MISGA and NOT to the Division.
* Forward this completed form (signed & dated) to the MISGA President for approval and processing

DATE	DESCRIPTION	TRAVEL $	PRINT $	POSTAGE $	OTHER $	TOTAL $
	COLUMN TOTALS $					

TOTAL ALL COLUMNS >>>>>>>>>>>>>>>>>> _____

TOTAL REIMBURSEMENT REQUESTED >>> _____

I Certify that all items listed were expended by me for authorized activities on behalf of MISGA.

Signature/Date _____

PAID

Date	Check #	MISGA Treasurer

APPROVED: _____ _____

MISGA President Date

***** Typed names on this form are accepted as electronic signatures *****