## **MISGA EXPENSE VOUCHER**

NAME			PHONE		DATE	
ADDRESS			E-MAIL			
CITY	STATE			ZIP		
	* Attach all available receipts/invoices.  * Official mileage is payable at \$0.70 per mileMILES 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 \$					
			ΤΟΤΔΙ ΔΙΙ (	COLUMNS >>>>>		
	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				
		17115	Date	Check #	MISGA 7	Treasurer
APPROVED:						
MISGA President Date						

<sup>\*\*\*</sup> Typed names on this form are accepted as electronic signatures \*\*\*