M.A.H.A. Expense Statement - Receipts Must be Provided for All Expenses

YOUR NAME: _____

ADDRESS: _____ *CITY:* _____ *ZIP:* _____

PURPOSE of EXPENSE: _____

	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	
DATE:								TOTALS
PLACE (FROM):								
PLACE (TO):								
MILES:								
MILEAGE ($ .535)	$ 0.00	$ 0.00	$ 0.00	$ 0.00	$ 0.00	$ 0.00	$ 0.00	$ 0.00
TRANSPORTATION:	$ 0.00	$ 0.00	$ 0.00	$ 0.00	$ 0.00	$ 0.00	$ 0.00	$ 0.00
LODGING:								$ 0.00
MEALS & ENTERTAINMENT:	$ 0.00	$ 0.00	$ 0.00	$ 0.00	$ 0.00	$ 0.00	$ 0.00	$ 0.00
MISCELLANEOUS:								$ 0.00
							TOTAL:	$ 0.00

TRANSPORTATION:							
AIR FARE:							
PARKING:							
TAXI:							
RENTAL CAR:							
OTHER:							
SUBTOTAL	$ 0.00	$ 0.00	$ 0.00	$ 0.00	$ 0.00	$ 0.00	$ 0.00

These subtotals automatically entered above

MEALS & ENTERTAINMENT: (Describe Below - list date and include names of participants on receipt)							
SUBTOTAL	$ 0.00	$ 0.00	$ 0.00	$ 0.00	$ 0.00	$ 0.00	$ 0.00

These subtotals automatically entered above

MISCELLANEOUS: (Describe Below - list date, vendor and purpose of expense) Total

_____

_____

_____

_____

_____

_____

Subtotal automatically entered above *SUB-TOTAL :* $ 0.00

YOUR SIGNATURE:

DATE:

Grand TOTAL: $ 0.00

Less ADVANCE: _____

APPROVED BY: _____

DATE PAID: _____ *CHECK #:* _____

Balance TO BE PAID: $ 0.00

Revised March 2019