

# MAINE DEMOLAY ASSOCIATION – EXPENSE REPORT

Name: \_\_\_\_\_ Expenses for: \_\_\_\_\_

Travel:		Explanation:
Airline:	\$	
Mileage: # Miles x \$0.30	\$	
Parking:	\$	
Tolls:	\$	
Other:	\$	
Total Travel Expenses:	\$	
Total Lodging Expenses:		\$
Meals:		
Personal Meals:	\$	
Entertainment:	\$	
Total Meals Expense:	\$	
Total Telephone Expenses:		\$
Miscellaneous:		Explanation:
Item #1	\$	
Item #2	\$	
Item #3	\$	
Total Miscellaneous Expenses:	\$	
Total Travel Expenses:		\$
Total Lodging Expenses:		\$
Total Meals Expense:		\$
Total Telephone Expenses:		\$
Total Miscellaneous Expenses:		\$
Total Expenses:		\$
Cash Advance:		\$ (            )
Total Reimbursement:		\$

Please attach all receipts and appropriate documents for review.

For State Treasurer use only:		
Check No:	Approval:	State Dad: _____
Date Paid:		Executive Officer: _____

