OFFICIAL MD40 EXPENSE CLAIM FORM

Date	Purpose of Expenditure	Food	Lodging	Other (Explain)	# Miles	X $0.28/Mile	Admin. Costs (Explain)	Total
Totals								

Notes (Explanation if Required):

_____

_____

By signing this form, I represent to the best of my knowledge that the noted reimbursible expenses are correct and reasonable. I understand that except for mileage, no expense will be reimbursed if there is not a valid receipt. Reimbursible expenses must be approved by the MD40 Council.

Date: _____ Printed Name: _____ Signature: _____