

# MINNESOTA STATE ASSOCIATION OF LETTER CARRIERS

## EXPENSE REPORT ONLY

Period ending \_\_\_\_\_

### EXPENSES

DATE	EXPLANATION / DESCRIPTION	MILES OR Quantity	COST	TOTAL
<b>TOTAL EXPENSES</b>				

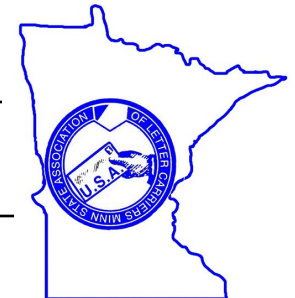
MAIL MY CHECK TO:

Signature of **CLAIMANT** \_\_\_\_\_

Presidential Approval \_\_\_\_\_

E-Board Chair Approval \_\_\_\_\_

Draft \_\_\_\_\_ Warrant \_\_\_\_\_



**Revised August, 2023**