

MINNESOTA STATE ASSOCIATION OF LETTER CARRIERS

EXPENSE REPORT ONLY

Period ending _____

EXPENSES

DATE	EXPLANATION / DESCRIPTION	MILES OR Quantity	COST	TOTAL
TOTAL EXPENSES				

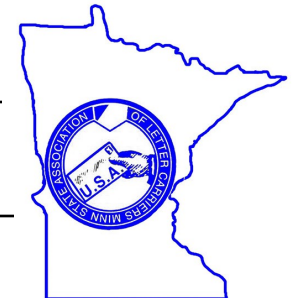
MAIL MY CHECK TO:

Signature of **CLAIMANT** _____

Presidential Approval _____

E-Board Chair Approval _____

Draft _____ Warrant _____



Revised August, 2023