

# MINNESOTA STATE ASSOCIATION OF LETTER CARRIERS

EXPENSE REPORT

Period Ending \_\_\_\_\_

## EXPENSES

Mo/dd/yr DATE	EXPLANATION / DESCRIPTION	MILES OR QUANTITY	COST	TOTAL
ATTACH ADDITIONAL EXPLANATION SHEET, if needed			<b>TOTAL EXPENSES</b>	

MAIL MY CHECK TO:

Revised  
September, 2021

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

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

Executive Board Chair Approval \_\_\_\_\_

Draft \_\_\_\_\_

Warrant \_\_\_\_\_

