

MEA Retired Expense Voucher

Name _____

Mailing Address _____ ZIP _____

Date	Description of Expense	Amount
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_____	_____ Round Trip Miles @ .50	\$ _____
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NON-Mileage Expenses

_____	_____	\$ _____
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_____	_____	\$ _____
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Subtotal \$ _____

Voluntary Contribution: Ritter _____ Sheehan _____ Minus \$ _____

TOTAL \$ _____

I certify that the above amount is due me for expenses incurred in carrying out duties for MEA Retired.

Roger Roy, MEA-Retired Treasurer
19 Baird Road
Caribou, ME 04736

Signature _____

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