

MEA-Retired Expense Voucher

Name _____ City or Town _____

Mailing Address _____ ZIP _____

Date	Description of Expense	Amount
_____	_____ Round Trip Miles @ .625	\$ _____
	NON-Mileage Expenses	
_____	_____	\$ _____
_____	_____	\$ _____
	Subtotal	\$ _____

Voluntary Contributions: FC&PE _____ Ritter _____ Sheehan _____ Minus \$ _____

TOTAL \$ _____

Robert Souther, MEA-R Treasurer
 4 Applewood Lane
 Camden, ME 04843

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

Signature _____

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