

Expense Report MO Area AFG			
Name			
Position (include District Number if DR)			
Expenses			
Mileage		miles @\$0.20/mile	\$
Hotel - attach copy of receipt			\$
	Copies	—	\$
	Supplies	—	\$
	Telephone	—	\$
	Postage	—	\$
	Other	—	\$
	Other	—	\$
	Other	—	\$
Total Requested			— \$
Check #	CheckDate	CheckAmt	
Signature _____ Date _____			
Comments			

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