For Office Use Only

o *Mission* o *General Account*

PMMA Expense Report

PURPOSE: _____

NAME: _____

SIGNATURE: _____

ADDRESS WHERE YOU WANT YOUR CHECK MAILED: _____

_____

Date	Account	Description	Mailing	Supplies	Transport	Meals	Entertainment	Misc.	Total
									$ -
									$ -
									$ -
									$ -
									$ -
									$ -
									$ -
									$ -
									$ -
									$ -
									$ -
									$ -
									$ -
									$ -
									$ -
			$ -	$ -	$ -	$ -	$ -	$ -	

* Please staple all receipts to this expense report for proper reimbursement.

Subtotal $ -

Advances

Total $ -

APPROVED: _____

_____

NOTES: _____

_____