MDDA EXPENSE REPORT

Name: _____ **Date:** _____

Address: _____

_____

MDDA Position: _____

Make Check Payable to: _____

Send Check to: _____

EXPENDITURES

(Attach invoices/receipts for each item and submit within 60 days of expense)

Description	Quantity	Unit Price	Total

Total $ _____

Check Number: _____

Date Paid: _____

Approved by:

_____
(MDDA President)

_____
(MDDA Treasurer)

Please note, forms should be mailed to current president's preferred address for signature.