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GRAND RAPIDS
 SYMPHONIC BAND

EXPENSE REPORT

Submitted By: _____ Date Submitted: _____

DATE	ITEM DESCRIPTION	UNIT COST	CATEGORY TOTAL

DATE	REASON FOR TRIP/MILEAGE	COST PER MILE	AMOUNT
REPORT TOTAL			

Make Check Payable To: _____

Mail To: _____ Signature: _____

FOR OFFICE USE ONLY

Date Paid: _____

Approval: _____

Check No: _____

Account: _____