

MISSISSIPPI MUDDS

Name: _____

Expense Report

Production/Committee: _____

Date	Vendor	Item(s)	Amount

Total Expenses: _____

Less Cash Advance: _____

Total Reimbursed/Returned: \$

Signature: _____ Date: _____

Committee Chair/Producer: _____ Date: _____

**ALL EXPENSES LISTED ON THIS REPORT ARE FOR OFFICIAL BUSINESS OF THE MISSISSIPPI MUDDS of Carleton Place.
NOTE: All expenses must include a receipt from the vendor.**