MISSISSIPPI MUDDS

Expense Report

Name: _____

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.