



Expense/Reimbursement/ Check Request

Date:

Expense Description:

Expense Amount:

Name:

Address:

Requested By:

Authorization:

Date Paid:

Check #

Mail with Receipts:
Tom Haas
6880 Dexter Ann Arbor Rd
Dexter, MI 48130

OR

PDF /Email with Receipts to
tomdexter47@comcast.net

