

MEA Retired Expense Voucher

Name _____

Mailing Address _____ ZIP _____

Date	Description of Expense	Amount
_____	_____ Round Trip Miles @ .545	\$ _____

NON-Mileage Expenses

_____	_____	\$ _____
_____	_____	\$ _____

Subtotal \$ _____

Voluntary Contribution: PAC _____ Ritter _____ Sheehan _____ Minus \$ _____

TOTAL \$ _____

I certify that the above amount is due me for expenses incurred in carrying out duties for MEA Retired.

Robert Souther, MEA-Retired Treasurer
 26 Elizabeth Avenue
 Caribou, ME 04736

Signature _____

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