

MEA Retired Expense Voucher

Name _____

Mailing Address _____ ZIP _____

Date Description of Expense Amount

_____ Round Trip Miles @ .575 \$ _____

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.

Signature _____

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

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