



Upper Midwest Chapter Expense Form

Name _____ Position _____

Address _____

City _____ State _____ Zip _____

ITEM	DATE	AMOUNT
Postage UPS / Mail		
Copying		
Hotel		
Travel		
Mileage		
Supplies		
Misc.		
TOTAL		

Please Submit Form to: Karen Martin
 UMCSUNA Treasurer
 178 Juniper St.
 Mahtomedi, MN 55115

Date Paid _____ Check # _____ Amount Paid _____