

**Mid-Michigan Section - SAE
Expense Report Form**

Submitted by: _____

Address: _____

City: _____ State: _____ Zip: _____

Attach all receipts.

Expense description.

Item: _____ Amount: \$ _____.

Item: _____ Amount: \$ _____.

Item: _____ Amount: \$ _____.

Item: _____ Amount: \$ _____.

Total: \$ _____.

Detailed: Description of Expense _____

Signature: _____ Date _____

Submit to: Bob Miller Phone: (810) 653-8748 Check # _____
300 E. South St. Date: _____
Davison, MI 48423-1620 e-mail: bob.miller@email.sae.org Account # _____