

**MINNESOTA TRAPPERS ASSOCIATION
EXPENSE REIMBURSEMENT FORM**

Brenda Jindra
11382 Bonnie Rd
Brainerd MN 56401

Date: _____ Fund: Education General Defense

Check payable to: _____

Address: _____

Phone: _____ District Number: _____

*Expenses are only valid with proof of receipt(s)
Expenses greater than \$250.00 requires approval from either the President or Vice President*

DESCRIPTION OF ITEMS PURCHASED OR SERVICES RECEIVED	TOTAL

MILES DRIVEN	REIMBURSEMENT PER MILE	DESCRIPTION	MILEAGE TOTAL
	X \$.30		

GRAND TOTAL: _____

Submitted by: _____ Date: _____

****This section to be completed by MTA Treasurer****

Date Approved:	
Approved By:	
Check Number:	
Date Sent:	
Fund Debited:	Education <input type="checkbox"/> General <input type="checkbox"/> Defense <input type="checkbox"/>

President/Vice President: _____ Date: _____