EXPENSE CLAIM

Date: _____ _____

Payee: _____ Reason: _____

Payment Details	Category	Reason	Show	Date	Amount
					-

MPHA Board Approval _____ Submitted By: _____

Treasurer Approval _____ Paid Check #: _____

Original Receipts must be attached - Ensure that your claim has Board approval and signed by the President or the Secretary before forwarding to the treasurer for payment. Approval requires validation of Category and reason to ensure accurate assignment of the invoice.