



Michigan Dental Hygienists' Association

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Travel/Expense Voucher for Authorized MDHA Business

Name of Council/Task Force/Group:

- | | |
|--|--|
| <input type="checkbox"/> Marketing Council | <input type="checkbox"/> Board of Trustees |
| <input type="checkbox"/> Legislative Council | <input type="checkbox"/> ADHA House of Delegates |
| <input type="checkbox"/> Research Council | <input type="checkbox"/> MDHA House of Delegates |
| <input type="checkbox"/> Education Council | <input type="checkbox"/> Scientific Session |
| <input type="checkbox"/> Finance Council | <input type="checkbox"/> Other-Specify _____ |

Meeting Date (if for a meeting) _____

Description of Expenses:

	<u>Amount</u>	<u>Account #</u>
<u>Transportation:</u>		
Automobile mileage: _____ miles at \$.38 per mile	\$ _____	_____
Air fare (if authorized, attach receipt)	\$ _____	_____
Hotel or motel (if authorized, attach receipt)	\$ _____	_____
<u>Other:</u>		
Phone (attach receipt and reason for calls)	\$ _____	_____
Supplies (attach receipt and reason for purchase)	\$ _____	_____
Other-Specify (attach receipt and reason for purchase)	\$ _____	_____

Total Expense \$ _____

+Please note a 45day limit that request must be received from time of expense.

Please Print:

Name _____ Date _____

Address _____ City _____ Zip _____

Telephone _____ e-mail _____

Submitted by _____

(Signature)

Office Use Only

Check #: _____	Acct #: _____	Amount: \$ _____
Date: _____	Acct #: _____	Amount: \$ _____
Approved: _____	Acct #: _____	Amount: \$ _____
Approved: _____	Acct #: _____	Amount: \$ _____
	Acct #: _____	Amount: \$ _____

Please return with receipts to: MDHA Treasurer