

Middle Management Association

525 Park Street, Suite 333, St. Paul, MN 55103-2106

PURPOSE OF EXPENSE _____ **Professional Development Program** _____

Date: _____

Name _____ **Email** _____

SSN #: _____

Address _____

Phone _____

City, State, Zip _____

EXPENSES

(ALL EXPENSES MUST BE ACCOMPANIED BY A RECEIPT)

DATE	MILEAGE \$.655/mile		MEALS			OTHER EXPENSES Parking, Hotel, etc.	OTHER EXPENSE AMOUNT	TOTAL EXPENSES
	NUMBER	AMOUNT	B \$10.00	L \$13.00	D \$19.00			
TOTAL								

SIGNATURE _____

DATE _____

FORM MUST BE SIGNED TO BE ACCEPTED

MMA APPROVAL _____

DATE _____