

# Dance Masters of Michigan Expense Reimbursement

CK#
Date

Event \_\_\_\_\_ Date \_\_\_\_\_

Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Date	Business Name	Purpose	Amount
1			
2			
3			
4			
5			
6			
7			
8			
9			
10			
11			
12			
13			
14			
15			
16			
17			
18			

Sign/Date

**TOTAL**

**Staple Receipts to back of this form** and give or send form to  
David H. Smith, Treasurer DMM, 1927 Banbury Road, Kalamazoo MI 49001