Dance Masters of Michigan
Expense Reimbursement

CK#
Date

Event _____ **Date** _____

Name _____

Address _____

City_____State _____ Zip _____

Date	Business Name	Purpose	Amount	

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

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