



MARINE CORPS LEAGUE DEPARTMENT OF MASSACHUSETTS

Expense Report

Position:
Name:
To:

PURPOSE OF EXPENSE:

Date	Description	Transportation/Mileage	Lodging	Meals	Other	Total
Column Totals						
Subtotal						
Less cash advanced						
Total owed to you						
Total due						

Marines Signature: _____

Date:

Approved by:

Date:

Receipts must be attached to expense form.

Marine Corps League
Department of Massachusetts
60 Birch Road
Cumberland, Rhode Island
02864-4402