

Michigan Association of Administrators of Special Education
Expense Reimbursement Record

Name: _____ Date: _____

Address: _____

Phone: _____

Note: Attach all receipts; mileage paid at current federal rate

| Date | Description | # Miles | Total |
|-------|-------------|---------|-------|
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| Total | | | |

Signature: _____

Return to: Sue Leach, MAASE Executive Associate
503 Mall Court, Suite 322
Lansing, MI 48912