



Michigan Indian Community Service Expense Authorization Form

Name of Requestor: _____

Purpose of Expenditure: _____

Name of Event: _____

Date of Expenditure: _____ Date of Request: _____

Amount Requested: \$ _____ Signature of Requestor: _____

E mail of Requestor: _____ Cell: _____

Check to be made in the name of: _____

Address: _____

City: _____ State: _____ Zip: _____

Authorization:

Committee Chair / Lead Name: _____

Authorizer Signature: _____

1) Attach copy of receipt(s) – photo, scan etc.

2) Email completed form to: micstreasurer@yahoo.com

Treasurer / Officer notes: _____