



2009 Expense Check Request

Michigan State Chapter

Name: _____

Office/Chair _____

Committee: _____

Purpose: _____

Dates: _____

Address to be mailed to: _____

EXPLANATION / DETAIL OF EXPENSE

AMOUNT

Total Expense

**Expenses should be submitted within 45 days of event/travel for reimbursement.

Submit to: Kathy Thayer

Ck No _____

Chemical Bank West
6011 West River Dr. NE
Belmont, MI 49306

Date _____

Office: 616.447.8896 Fax: 616.447.8911

Email: Kathy.thayer@chemicalbankmi.com

*Were you also partly reimbursed by another entity?

If so, how much \$_____. This will help us with our yearly budget.