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FRATERNAL ORDER OF POLICE, CAPITAL CITY LODGE #9

MONTHLY EXPENSE REPORT

MONTH ENDING: _____

DATE	DESCRIPTION	MILEAGE #	MILAGE AMOUNT	OTHER TRANSPORTATION	HOTEL	PER-DIEM	MISC.	AMOUNT	TOTAL
								TOTAL:	

APPROVED BY: _____

DATE CHECK ISSUED: _____

AMOUNT OF CHECK: _____

CHECK NUMBER: _____