

Leadership Council Expense Form

Name: _____

Address: _____

Producer #: _____

Meeting Location: _____

Month: _____

Date	Mileage			Meals		Other	
	Miles	Rate	Amt.	Location	Amt.	Description	Amt.
		\$0.50					
		\$0.50					
		\$0.50					
Totals							

Grand Total: _____

Check one of the following IF you choose to exercise one of these designations:

____ I would like a portion of my expense payment designated as a MilkPAC contribution \$ _____

____ I would like a portion of my expense payment designated as a donation to the MD & VA
Scholarship Fund \$ _____

Leadership Council Member Signature

Date

***2010 IRS Mileage reimbursement rate is \$0.50 per mile.

(Office Use Only)

Voucher: _____