

## Leadership Council Expense Form

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Producer #: \_\_\_\_\_

Meeting Location: \_\_\_\_\_

Month: \_\_\_\_\_

Date	Mileage			Meals		Other	
	Miles	Rate	Amt.	Location	Amt.	Description	Amt.
		\$0.545					
		\$0.545					
		\$0.545					
<b>Totals</b>							

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 Maryland & Virginia Scholarship Fund \$ \_\_\_\_\_

\_\_\_\_\_  
Leadership Council Member Signature

\_\_\_\_\_  
Date

\*\*\*January, 1 2018 IRS Mileage reimbursement rate is \$0.545 per mile.

(Office Use Only)

Voucher: \_\_\_\_\_