



**Catholic Daughters of the Americas  
Minnesota State Court  
Expense Sheet**

Name \_\_\_\_\_ Date \_\_\_\_\_

Address \_\_\_\_\_

Phone Number to Contact \_\_\_\_\_ Email Address \_\_\_\_\_

State Court Office \_\_\_\_\_

Date	Description of Expense (Please attach all receipts)	Mileage	Amount
		_____ Miles @ \$.30/mile =	
		_____ Miles @ \$.30/mile =	
		_____ Miles @ \$.30/mile =	
		_____ Miles @ \$.30/mile =	
		_____ Miles @ \$.30/mile =	
		_____ Miles @ \$.30/mile =	
		_____ Miles @ \$.30/mile =	

Total \$ \_\_\_\_\_

**VOUCHER**

Pay to the order of \_\_\_\_\_

\_\_\_\_\_ Dollars

For \_\_\_\_\_

State Regent \_\_\_\_\_

State Secretary \_\_\_\_\_

Payment made by State Treasurer – Initials: \_\_\_\_\_

Date \_\_\_\_\_

Check No. \_\_\_\_\_