

Business Professionals of America
 Montana Association
 P.O. Box 7261
 Helena, MT 59604

Business Professionals of America EXPENSE CLAIM

Directions: Complete this form and return a signed copy to Montana BPA at the above address. Please attach a copy of your receipts.

Name _____ Office _____

Address _____

Date	Store	Purpose of Expense	@ \$0.35	Meals	Lodging	Miscellaneous	Total
							\$ -
							\$ -
							\$ -
							\$ -
							\$ -
							\$ -
							\$ -
TOTALS			\$ -	\$ -	\$ -	\$ -	\$ -

Briefly explain Miscellaneous Expenses _____

Date: _____
Signed: _____
Approved: _____