SCOPE EXPENSE REPORT		CHECK NUMBER
MEMBER NAME	**************************************	**************************************
* *	DATE OF BILL TOTAL FOR CALLS \$	DATE DESCRIPTION AMOUNT
(A) TRANSPORTATION (Complete voucher on reverse side)	DATE OF BILL TOTAL FOR CALLS \$(D)	
MILES PARKING X \$.60	**************************************	XP S
\$ TOTAL \$(A)	DATE COMMITTEE AMOUNT \$	(A) \$ MILE. & PARK
**************************************	S S	(B) \$ FOOD & BEV
RECEIPT) DATE COMMITTEE AMOUNT CASH TIPS	TOTAL \$(E) ************************************	(C) \$POSTAGE (D) \$TELEPHONE
	DATE COMMITTEE AMOUNT	(E) \$PRINTING
OUO	59	(F) \$ OFFICE SUP.
SIE	₩	(G) \$ LODGING
TOTAL(B)	TOTAL \$(F) ************************************	(H) \$ MISC. EXP.
(C) POSTAGE EXPESSES (ATTACH RECEIPTS) DATE RECEIPT NUMBER AMOUNT	DATE PURPOSE AMOUNT \$	TOTAL AMOUNT DUE
\$	55	MEMBER'S SIGNATURE
59	TOTAL S (G)	TREASURER'S SIGNATURE
TOTAL \$ (C)	******	COSIGNER SIGNATURE

SCOPE MILEAGE LOG VOUCHER

<u>Date</u>	Des	tination	ES_IIIV		Purpo	ose		Tota Mile	al s	Parking Fees
	#YTT8	TATS			CV38 C				23 EX	
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	TO		18		Totals	1 2	(1)			50

Purpose:

Mileage must fall into one of the following categories:

- ✓ Executive Committee Mileage
- ✓ Grievance Committee Mileage
- ✓ Elections Committee Mileage
- ✓ OEA RA Mileage
- ✓ Finance Committee Mileage
- ✓ Planning Committee Mileage
- ✓ Political Action Mileage

I certify that this statement is true and correct to the best of my knowledge.

Signature ____

Send all SCOPE Expense Reports to:

Marianne Huffman SCOPE Treasurer 9166 Bowman Rd Amanda, Ohio 43102