

Muskegon County Medical Control Authority

Expenditure Report

Name and Address

Date: _____

Name of Project: _____

Project Number _____ PCA Code or Account #: _____

Date Check Required: _____

Purpose and Description of Expense (attach all receipts):

1. _____	Acct #: _____	Amount: _____
2. _____	Acct #: _____	Amount: _____
3. _____	Acct #: _____	Amount: _____
4. _____	Acct #: _____	Amount: _____
5. _____	Acct #: _____	Amount: _____
6. _____	Acct #: _____	Amount: _____
7. _____	Acct #: _____	Amount: _____
8. _____	Acct #: _____	Amount: _____

Total: _____

Requestor: _____

Approved by: _____