

**CAPITOL CITY MEDICAL TEAMS
EXPENSE SUMMARY FORM
(revised 12-12-16)**

EXPENSE SUMMARY FORM FOR (YOUR NAME) _____.

WERE DONATIONS MADE THAT WERE RECOMMENDED FOR YOU? ___ YES ___ NO

	PAID TO	FOR/DATES	LODGING #861	MEALS #865	MED. SUPPLY #866	TRAVEL #944	MISC
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	PAGE TOTAL						

	PAID TO	FOR/DATES	LODGING #861	MEALS #865	MED. SUPPLY #866	TRAVEL #944	MISC.
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