

**CAPITOL CITY MEDICAL TEAMS
EXPENSE SUMMARY FORM**
(revised 11-02-08)

EXPENSE SUMMARY FORM FOR (YOUR NAME) _____.

	PAID TO	FOR/DATES	LODGING #861	MEALS #865	MED. SUPPLY #866	TRAVEL #944	MISC
1							
2							
3							
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18							
19							
	PAGE TOTAL						

	PAID TO	FOR/DATES	LODGING #861	MEALS #865	MED. SUPPLY #866	TRAVEL #944	MISC.
20							
21							
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36							
37							
38							
39							
	PAGE TOTAL						
	GRAND TOTAL						