

Expense / Check Request LAM Liaisons

Date of Meeting

Region:

Payable to :

Street Address:

City, State and Zip:

Vendor from Receipts	Amount	Account Name or Type of Expense	Class/es
		5710 · LAM Liaison	Patient Services
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		5710 · LAM Liaison	Patient Services
		5710 · LAM Liaison	Patient Services
Mileage	\$ -	5710 · LAM Liaison	Patient Services

Total Amount incurred \$ -

Submitted By:

LAM liaison

Date

Approved By:

Executive Director

Date

**Mileage:	
Total Miles Driven	-
Multiply by Current rate	0.535
Mileage Reimbursement	\$ -