



CURTENIUS GUARD CAMP #17
DEPARTMENT OF MICHIGAN
SONS OF UNION VETERANS OF THE CIVIL WAR

EXPENSE REPORT & REQUEST FOR REIMBURSEMENT

Date: _____

DATE	PURPOSE	AMOUNT
TOTAL		

SIGNED: _____

APPROVED _____

(Treasurer's Approval)

Attach Receipts for all expenses

Mail or provide to:
James B. Pahl, Camp Treasurer
445 W. Maple St.
Mason, MI 48854