



MICHIGAN SOCIETY OF HISTOTECHNOLOGISTS

EXPENSE REPORT

Name: _____

MSH Title: _____

Address: _____

Phone: _____

Email: _____

Date(s)	Type of Expense	Amount
Total:		

Signature: _____ Date: _____

Include copies of receipts along with this expense report and return to:

Email: treasurer@mihisto.org

or

US Mail: Rachel Fowler
7141 Dorval Road
Kalamazoo, MI 49009

Treasurer review: _____

MSH check number: _____