



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 \_\_\_\_\_

(Camp Commander's Approval)

Attach Receipts for all expenses

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

Date Paid  
Check Number
