

**PA Society of Enrolled Agents, INC
Expense Report**

Purpose: _____ Date: _____

Mileage:		
Telephone		
Photocopies		
Postage		
Other (List)		
Total		

Purpose: _____ Date: _____

Mileage:		
Telephone		
Photocopies		
Postage		
Other (List)		
Total		

Submitted by: (Signature) _____

Check payable to (please print) _____

Address: _____

Please scan expense report and associated receipts:

Email to: treasurer@paenrolledagents.com
Mikal Abdullah EA Voice – (215)549-3328

Total for Page: _____

Approval:

Date: _____