

NAME: \_\_\_\_\_ POSITION/COMMITTEE: \_\_\_\_\_ REGION: \_\_\_\_\_

ADDRESS: \_\_\_\_\_ PHONE: \_\_\_\_\_

EXPENSE ITEM(S)	DATE:	DATE:	DATE:	DATE:	DATE:	DATE:	DATE:	TOTAL
1) MEALS								
2) HOTEL								
3) AUTO / TRANSPORTATION (*)								
4) AIRFARE								
5) ENTERTAINMENT								
6) OFFICE SUPPLIES								
7) POSTAGE								
8) TELEPHONE								
9) OTHER								
TOTALS:								

ITEM(S) #      SUPPORTING COMMENTS / DESCRIPTION OF TRAVEL / PURPOSE OF EXPENSE      USE REVERSE FOR ADDITIONAL SPACE, IF NEEDED.

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(\* ) MILEAGE IS REIMBURSABLE @ .48.5 CENTS PER MILE • ATTACH RECEIPTS - ALL EXPENSES MUST BE ACCOMPANIED BY A RECEIPT

SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_ APPROVAL: \_\_\_\_\_

OFFICE USE ONLY: CHECK# \_\_\_\_\_ AMOUNT \$ \_\_\_\_\_ DATE: PROCESSED \_\_\_\_\_ • \_\_\_\_\_