



Expense Report

Name: _____

Address: _____

City, State Zip: _____

Destination: _____

Date	Description	Amount
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Travel – Air: _____

Travel – Auto: _____

Travel – Hotel: _____

Travel – Tolls: _____

Travel – Parking: _____

Phone: _____

Postage: _____

Miscellaneous: _____

All expenses must be accompanied by a receipt Food/Alcohol are non-reimbursable

Total Expense: _____

Name

Date

Signature

Title