

EXPENSE REPORT

PERIOD ENDING _____ 20____

FROM	MILEAGE TO	# OF MI	PURPOSE				DATE	TOTAL
<input type="checkbox"/> Room								
<input type="checkbox"/> Meals								
<input type="checkbox"/> Other								
<input type="checkbox"/> Telephone Expense								
<input type="checkbox"/> Other Reimbursable Items								
							TOTAL \$	
<input type="checkbox"/> RECEIPTS MUST BE ATTACHED – EXPLAIN ON LAST PAGE								