

EXPENSE REPORT

(ATTACH RECEIPTS TO REVERSE SIDE)



TO _____ FROM _____

Region 12 Committee:

Member Name

FOR WEEK ENDING		Date:							TOTALS
		Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday	
City:									
1	Airfare - Rail Fare								1
2	Auto Rental								2
3	Gas & Oil (for rental car)								3
4	Local Taxis - Bus Fare								4
5	Parking								5
6	Tolls								6
7	Hotel / Motel								7
8	Breakfast								8
9	Lunch								9
10	Dinner								10
11	Entertainment								11
12	Tips (list to whom given)								12
13	Phone - Fax								13
14									14
15									15
16									16
TOTALS									

STATE BUSINESS PURPOSE - PEOPLE ENTERTAINED - PLACE OF ENTERTAINMENT AND TIME - LIST CALLS MADE
List Expenses Billed To Company

I HEREBY CERTIFY THAT THE ABOVE EXPENDITURES REPRESENT CASH SPENT FOR LEGITIMATE COMPANY BUSINESS ONLY AND INCLUDES NO ITEMS OF A PERSONAL NATURE.

SIGNED _____ *Date*

DATE	REPAYMENT RECAP	AMOUNT	Approval		ACCOUNTS PAYABLE MEMO
	ADVANCE RECEIVED		Signature	Date	CHECK NO.
	ADVANCE RETURNED				
	TOTAL				
	EXPENSE FOR WEEK				
	OVER OR SHORT				DATE AMOUNT

