EXPENSE REPORT

First Name	Last Name	Department
Dates	Location	Purpose

DATES	DESCF	RIPTION		EG EE	HOTEL		AIRFARE/ AUTO	MEALS	MISC.	TOTAL
SUBTOTAL										
							ADVANCE/F	PREPAYM	IENT	
Employe e D # On Line Req. <u>#</u>					- Refund					
FUND (ORGN	ACCT	PROG	ACT	AMOUN	Г	Amount due			

VEHICLE INFORMATION					
MAKE/MODEL CAR:	BEGINNING MILEAGE:				
LICENSE NUMBER:	ENDING MILEAGE:				
ODOMETER READING:	MILES DRIVEN:				

I have read the rules and hereby certify that the							

INSTRUCTIONS

PROOF:

Canceled Checks and Credit Card receipts are NOT valid unless supplemented by a copy of the Brochure and Registration material. If paid by check, you must attach a copy of the front and back of the cashed check. If paid by Credit Card, you must attach a Credit Card Statement. Also required proof of completion of activity: copy of certificate, grades, etc.

TRANSPORTATION:

Airfare is reimbursed at the economy/coach or lesser fare rate. You must attach your passenger ticket to the Expense Report. If a personal automobile is used instead of public carrier, give the make, model, year, license number of automobile instead,4 (c)]T4.5 of (i)-1.9