

# EXPENSE REPORT

Payee: \_\_\_\_\_

Date: \_\_\_\_\_

Name of Meeting: \_\_\_\_\_

Location: \_\_\_\_\_

<u>Date</u>		<u>Cost</u>
_____	Mileage (Round trip): _____ mi. @ _____	_____
_____	Meals: _____	_____
_____	Hotel: _____ night(s) @ _____ / night	_____
_____	Other Expenses: _____	_____
_____	_____	_____
_____	_____	_____

**CODE:** \_\_\_\_\_

**TOTAL:** \_\_\_\_\_

\_\_\_\_\_  
Approved (Assistant Superintendent)

Signed: \_\_\_\_\_  
(Employee)