☐ Check here if name/address or telephone number has changed.

EXPENSE REPORT

NAME:		MAILING ADDRESS:	FAC. NO.:	DEPT. NO.:	FACILITY / DEPARTMENT NAME:
PERIOD FROM:	PERIOD TO:		COMPLETE PHONE NUMBER (Incldg. Ext.)		
	PURPOSE OF TRIP:				

DATE	LOCATION	TRAVEL / LODGING (EXCL MEALS)	AIRFARE	GROUND TRANS	MISC TRAVEL RELATED EXPENSES	TRAVEL MEALS	BUSINESS MEALS/ ENTERTAINMENT	MILEAGE MILES	MILEAGE AMOUNT	OTHER NON-TRAVEL RELATED EXP	EXP CHARGED DIRECTLY TO COMPANY	DAILY TOTAL
												$ -
												$ -
												$ -
												$ -
												$ -
												$ -
												$ -
												$ -
												$ -
												$ -
												$ -
												$ -
												$ -
												$ -
												$ -
TOTAL		$ -	$ -	$ -	$ -	$ -	$ -	**0.00**	$ -	$ -	$ -	$ -

TOTAL EXPENSES	$ -
Less Advances	
Less Direct Company Chrgs. (A)	
BALANCE DUE EMPLOYEE/	$ -
COMPANY (circle one) (B)	

TO BE SUMMARIZED BY EMPLOYEE:

Summary of Expenses Chargeable to:	Amount	Facility	Department	Sub A/C
Travel / Lodging	$ -	690	6900	8800
Auto / Gas / Mileage	$ -	690	6900	8800
Airfare	$ -	690	6900	8815
Travel & Business Meals / Entertainment	$ -	690	6900	8810
Other: (List)				
		690	6900	
		690	6900	
		690	6900	
TOTAL:	$ -	Must agree with (B)		

I certify that the above expenses are business related and are properly reimbursable to me.

Emplyee Signature:	Date:
Department Head / Designee Approval:	Date:
Department Head Name: Charles J. Moore / Martin J. Fischer	