EXPENSE REPORT

NAME	POSITION	

Date	Description (include location and attendees if meals or entertainment)	Account	Hotel	Fuel	Meals	Phone	Entertainment	Other	Total
									\$0.00
									\$0.00
									\$0.00
									\$0.00
									\$0.00
									\$0.00
									\$0.00
									\$0.00
									\$0.00
									\$0.00
									\$0.00
									\$0.00
									\$0.00
									\$0.00
									\$0.00
									\$0.00
									\$0.00
									\$0.00
									\$0.00
									\$0.00
									\$0.00
Total			\$0.00	\$0.00	\$0.00	\$0.00	0 \$0.00	\$0.0	0 \$0.00

SIGNATURE:	APPROVAL:	
DATE:	DATE:	

Please print, sign and date this Expense Report. Your Expense Report will be returned to you if you do not have your Supervisor's signature in the Approval section. Please attach all receipts to this Expense Report. Failure to attach receipts may result in delays or denial of reimbursement for certain expenses