

REFER TO GR 2.02 FOR ALLOWABLE AMOUNTS	Name _____ Address _____ _____ Purpose of Expense _____ Charge to _____
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DATES		Committee															
		1st Day		2nd Day		3rd Day		4th Day		5th Day		6th Day		7th Day		PERIOD TOTALS	
1.	Personal Auto (Miles @																
2.	Rental/Auto																
3.	Air Fare																
4.	Rail Fare																
5.	Taxi Fare																
6.	Bus Fare																
7.	Parking Fees																
8.	Tolls																
9.	Tips																
10.	Lodging (Incl. Tax)																
11.	Breakfast (Incl. Tax/Tip)																
12.	Lunch (Incl. Tax/Tip)																
13.	Dinner (Incl. Tax/Tip)																
14.	Telephone & Telegraph																
15.	Other Expenses (Sch. A)																
16.	DAILY TOTALS																

SCH. A – DETAIL OF OTHER EXPENSES			
Date	Description	Amount	
Other Expenses include items such as office supplies, postage, etc.			

TOTAL FROM ABOVE		
ADVANCE		
REIMBURSEMENT DUE		
BALANCE TO BE RETURNED		

I, hereby, certify that all expenses claimed above were incurred on official business.

Signature: _____	Date _____
Approved: _____	Date _____
Committee Chairman	
Approved: _____	Date _____
Treasurer	