



Support Staff STATEMENT OF EXPENSE

Please Attach All Receipts

VENDOR

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Office Use Only

Mileage Rates	S.40	Meals	Breakfast: \$10.00	Room \$50
	N.45		Lunch: \$15.00 Supper: \$25.00	

Name: _____

Street: _____ City: _____ Postal Code: _____

Meeting: _____

Date	Description	Brkfst	Lunch	Supper	Room	Other Exp.	Mileage	Rate	Amount	Total
Total All Columns										

Charge Account:	Amount:

Charge Account:	Amount:

Employee Signature

Approved By