# EXPENSE ACCOUNT

Name_____

Address_____

Reason_____

Period Covered:     From_____To_____

| MEALS | Date | Date | Date | Date | Date |
|---|---|---|---|---|---|
| Breakfast | | | | | |
| Lunch | | | | | |
| Dinner | | | | | |
| Daily Total | | | | | |

Total Meals     $_____

Commercial Travel (Attach ticket copy)…………………………………………     $_____

Lodging (Attach copy)…………………………………………………………...     $_____

Mileage: _____Miles @_____cents per mile……………………     $_____

Registration Fee (Attach receipt)…………………………………………………...     $_____

Other Expenses_____

_____     $_____

Total Expenses     **$_____**

CERTIFICATION

I do herby certify under the penalty of perjury this is a true and correct claim for necessary expenses incurred by me, and that no payment has been received by me on account thereof.

Audited_____

Approved_____

Voucher No._____

Date_____

Signed_____

Date _____