



Support Staff STATEMENT OF EXPENSE

Please Attach All Receipts

VENDOR

Office Use Only

Mileage Rates	S.43	Meals	Breakfast: \$11.50	Room \$50.00
	N.48		Lunch: \$16.00 Supper: \$30.00	

Name: _____

Street: _____ City: _____ Postal Code: _____

Meeting: _____

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

Charge Account:	Amount:

Charge Account:	Amount:

Employee Signature

Approved By