



# Support Staff STATEMENT OF EXPENSE

*Please Attach All Receipts*

VENDOR

*Office Use Only*

|               |      |       |                                   |                 |
|---------------|------|-------|-----------------------------------|-----------------|
| Mileage Rates | S.50 | Meals | Breakfast: \$11.50                | Room<br>\$50.00 |
|               | N.55 |       | Lunch: \$16.00<br>Supper: \$30.00 |                 |

Name: \_\_\_\_\_

Street: \_\_\_\_\_ City: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Meeting: \_\_\_\_\_

| Date                     | Description | Brkfst | Lunch | Supper | Room | Other Exp. | Mileage | Rate | Mileage Amount | Total |
|--------------------------|-------------|--------|-------|--------|------|------------|---------|------|----------------|-------|
|                          |             |        |       |        |      |            |         |      |                |       |
|                          |             |        |       |        |      |            |         |      |                |       |
|                          |             |        |       |        |      |            |         |      |                |       |
|                          |             |        |       |        |      |            |         |      |                |       |
|                          |             |        |       |        |      |            |         |      |                |       |
|                          |             |        |       |        |      |            |         |      |                |       |
|                          |             |        |       |        |      |            |         |      |                |       |
|                          |             |        |       |        |      |            |         |      |                |       |
|                          |             |        |       |        |      |            |         |      |                |       |
|                          |             |        |       |        |      |            |         |      |                |       |
|                          |             |        |       |        |      |            |         |      |                |       |
|                          |             |        |       |        |      |            |         |      |                |       |
|                          |             |        |       |        |      |            |         |      |                |       |
|                          |             |        |       |        |      |            |         |      |                |       |
|                          |             |        |       |        |      |            |         |      |                |       |
|                          |             |        |       |        |      |            |         |      |                |       |
|                          |             |        |       |        |      |            |         |      |                |       |
|                          |             |        |       |        |      |            |         |      |                |       |
|                          |             |        |       |        |      |            |         |      |                |       |
|                          |             |        |       |        |      |            |         |      |                |       |
|                          |             |        |       |        |      |            |         |      |                |       |
| <b>Total All Columns</b> |             |        |       |        |      |            |         |      |                |       |

| Charge Account: | Amount: |
|-----------------|---------|
|                 |         |
|                 |         |
|                 |         |

| Charge Account: | Amount: |
|-----------------|---------|
|                 |         |
|                 |         |
|                 |         |

\_\_\_\_\_  
Employee Signature

\_\_\_\_\_  
Approved By