

## Support Staff **STATEMENT OF EXPENSE**

Please Attach All Receipts					EMPLOYEE NUMBER Found at the bottom of pay stub						
Name:				Mileage Rates	S.50 N.55		Meals	Lunch	st: \$11.50 : \$16.00 r: \$30.00	Room \$50.00	
Street:		Postal Code:									
Meeting:											
Date	Description	Brkfst	Lunch	Supper	Room	Other Exp.	Mileage	Rate	Amount	Total	
	Total All Columns										

Charge Account:	Amount:

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