



## EXPENSE REPORT

Item Description and Event: Dollar Amount:  
(Attach receipts)

1. _____	_____
2. _____	_____
3. _____	_____
4. _____	_____
5. _____	_____
6. _____	_____
7. _____	_____
8. _____	_____

Total Amount Reimbursable: \$ \_\_\_\_\_

Submitted By Date

Approved By Date

Paid by check # Date