

Account Number:	Advance Amount:
Event:	Date:
Destination:	Check Number:
Date Leaving:	Date Returning:

EXPENSES

Date	Breakfast	Lunch	Dinner	Lodging	Other	(explain)		Total
	I	•				1	TOTAL	

Expense - With Receipts:	Number of Employees:	
Expenses - Without Receipts:	Number of Students:	
Cash Refund:	Redeposit Date:	
TOTAL:	Cash Register Receipt #	
Business Office Signature:	Printed Name:	
Individual Settling Signature:	Printed Name:	
Supervisor's Signature:	Printed Name:	

Duplicates of completed forms are not provided by Business Services. If a copy is desired please copy before turning in form for processing. Revised: 12/2/08