

## 2017 Expense Report

Name \_\_\_\_\_  
 Agency/Board/Committee: \_\_\_\_\_  
 Date: \_\_\_\_\_

**Payable To:** \_\_\_\_\_  
**Address:** \_\_\_\_\_

Purpose of Trip: \_\_\_\_\_

Travel From: \_\_\_\_\_ To: \_\_\_\_\_

Travel Expenses	Day 1	Day 2	Day 3	Day 4	Day 5	Day 6	Day 7	Total Amount	Account Number
Miles (48.5 cents/mile)									
Air Fare*									
Auto Rental*									
Tolls & Parking*									
Air, Rail, Bus*									
Taxi, Limousine (Incl. Tip)									
Lodging, Hotel, Motel*									
Telephone, FAX, etc.*									
Meals (Incl. tip)*									
Other Expenses*									
Honorarium									
<b>SUB-TOTAL</b>									

### Other Purchases

Service/Item	Date	Attendees (if applicable)	Business Purpose	Amount	Acct Number
<b>TOTAL</b>					

Authorized By: \_\_\_\_\_ Date: \_\_\_\_\_

\*Attach Receipts

Paid by check# \_\_\_\_\_  
 Date: \_\_\_\_\_