**HAMPDEN-SYDNEY COLLEGE**

**EXPENSE REPORT**

NAME ____________________________ DEPT ____________________________ DATE ____________________________

PURPOSE OF TRIP ____________________________ FOR WEEK ENDED ____________________________

PLEASE ATTACH RECEIPTS, BILLS AND OTHER SUPPORTING DATA

<table>
<thead>
<tr>
<th>SUN.</th>
<th>MON.</th>
<th>TUES.</th>
<th>WED.</th>
<th>THURS.</th>
<th>FRI.</th>
<th>SAT.</th>
<th>TOTALS FOR WEEK</th>
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TOTAL AUTO MILEAGE

MILEAGE @ .50 per mile | $0.00 | $0.00 | $0.00 | $0.00 | $0.00 | $0.00 | $0.00 |

AIR - RAIL | $0.00 |

AUTO RENTAL | $0.00 |

 LODGING | $0.00 |

BREAKFAST | $0.00 |

LUNCH | $0.00 |

DINNER | $0.00 |

TIPS | $0.00 |

LAUNDRY - CLEANING | $0.00 |

PHONE - TELE G. | $0.00 |

LOCAL TAXIS - LIMO | $0.00 |

PARKING - TOLLS | $0.00 |

MISC. | $0.00 |

ENTERTAINMENT | $0.00 |

ENTERTAINMENT DETAILS

TOTALS FOR DAY | $0.00 | $0.00 | $0.00 | $0.00 | $0.00 | $0.00 | $0.00 |

<table>
<thead>
<tr>
<th>DATE</th>
<th>ITEM</th>
<th>PERSON ENTERTAINED - BUSINESS RELATIONSHIP</th>
<th>PLACE: NAME &amp; LOCATION</th>
<th>BUSINESS PURPOSE</th>
<th>AMOUNT</th>
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ADDITIONAL REMARKS:

I CERTIFY THIS STATEMENT IS ACCURATE AS TO ACTUAL & NECESSARY BUSINESS EXPENSES.

SIGNED ____________________________ APPROVAL ____________________________

SUMMARY

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<tr>
<th>AMOUNT</th>
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<tbody>
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<td>ACCT. NO</td>
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TOTAL EXPENSES $0.00

LESS CASH ADVANCE

ID NUMBER

AMOUNT DUE COLLEGE $0.00

AMOUNT DUE EMPLOYEE $0.00

Note: ID number is necessary if you are clearing a cash advance.