

**HAMPDEN-SYDNEY COLLEGE**

NAME \_\_\_\_\_ DEPT \_\_\_\_\_ DATE \_\_\_\_\_

**EXPENSE REPORT**

PURPOSE OF TRIP \_\_\_\_\_

PLEASE ATTACH RECEIPTS, BILLS AND OTHER SUPPORTING DATA \_\_\_\_\_ FOR WEEK ENDED \_\_\_\_\_

	SUN.	MON.	TUES.	WED.	THURS.	FRI.	SAT.	TOTALS FOR WEEK
DATE FROM TO								
TOTAL AUTO MILEAGE								
MILEAGE @ .575 per mile	\$	\$	\$	\$	\$	\$	\$	
AIR - RAIL								
AUTO RENTAL								
LODGING								
BREAKFAST								
LUNCH								
DINNER								
TIPS								
LAUNDRY - CLEANING								
PHONE - TELE G.								
LOCAL TAXIS - LIMO								
PARKING - TOLLS								
MISC.								
ENTERTAINMENT								
TOTALS FOR DAY	\$	\$	\$	\$	\$	\$	\$	\$

SUMMARY	AMOUNT
ACCT. NO	
ACCT. NO	
ACCT. NO	
ACCT. NO	
TOTAL EXPENSES	\$
LESS CASH ADVANCE	
ID NUMBER	
AMOUNT DUE COLLEGE	\$
AMOUNT DUE EMPLOYEE	\$

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

ENTERTAINMENT DETAILS

DATE	ITEM	PERSON ENTERTAINED - BUSINESS RELATIONSHIP	PLACE: NAME & LOCATION	BUSINESS PURPOSE	AMOUNT

ADDITIONAL REMARKS:

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

SIGNED \_\_\_\_\_

APPROVAL \_\_\_\_\_