

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 @ .50 per mile	\$0.00	\$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
								0.00
								0.00
								0.00
								0.00
								0.00
ENTERTAINMENT								0.00
TOTALS FOR DAY	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00

SUMMARY	AMOUNT
ACCT. NO	
ACCT. NO	
ACCT. NO	
ACCT. NO	
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.

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 _____