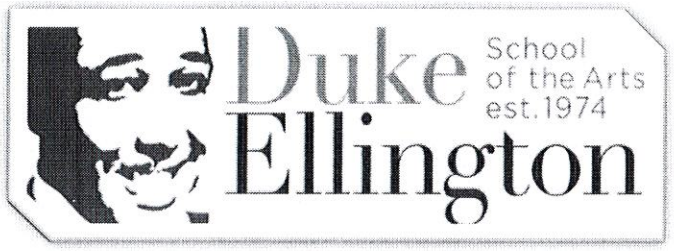

Name _____

Signature _____

Title _____ DEPT_____

Period Covered _____ FUND _____

DESA_____

DATE	Expense Explanation Who you met with; purpose of mtg; reason for visit	Event/ Activity	Dept.	Prog.	Expense Acct#	Meals/ Food	Uber/ Parking / Travel	Supplies /Other	Miles Traveled (* Reimb. Rate)	Total Amount

Please remember to sign this report and attach receipts. Unsigned reports and reports with missing receipts will be returned.

Approvals

DEPARTCHAIR	**PRINCIPAL/CEO**
DIRECTOR	**CFO**