

EXPENSE REPORT



United States Professional Tennis Association
New England Division

Name _____
 Address _____
 City _____ State ____ Zip _____
 S.S.# _____
 Phone# _____

PURPOSE

Dates: _____

	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	TOTALS
Supplies								
Telephone								
Travel: Airfare								
Car Rental								
Cab/Bus/Subway/Train/Shuttle								
Gas/Parking/Tolls								
Own Car/miles @ .51cents/mi								
Hotel								
Meals: Breakfast								
Lunch								
Dinner								
Entertainment								
Miscellaneous								
Postage								
Speaker/Professional								
Tournament Prize \$								

Submit expense report to: Jacques A. P. Faulise, 13 Loop Drive, North Kingstown, R.I. 02852

IMMEDIATELY AFTER MEETING OR TRIP

Signature _____ Date _____

Approved By (President) _____

Paid By Treasurer _____ Date _____ Check# _____

Total Expenses Incurred

Less Advance

Amount Due

Amount Due Preparer

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Expense Guidelines

Mileage: \$.51 cents per mile

Hotels: \$75.00 per night

Meals: \$25.00 per day

All expense requests must be submitted within 30 days of the last day of travel or date on which expenses occurred to receive reimbursement.

PLEASE ATTACH ALL RECEIPTS.