

# EXPENSE REPORT



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 @ 55.5 cents/mi								
Hotel								
Meals: Breakfast								
Lunch								
Dinner								
Entertainment								
Miscellaneous								
Postage								
Speaker/Professional								
Tournament Prize \$								

Submit expense report to: Chris Stevens, 502 Springbrook Circle, Portsmouth, NH 03801  
**IMMEDIATELY AFTER MEETING OR TRIP**

Signature \_\_\_\_\_ Date \_\_\_\_\_  
 Approved By (President) \_\_\_\_\_  
 Paid By Treasurer \_\_\_\_\_ Date \_\_\_\_\_ Check# \_\_\_\_\_

<b>Total Expenses Incurred</b>	
<b>Less Advance</b>	
<b>Amount Due</b>	
<b>Amount Due Preparer</b>	

**PLEASE ATTACH ALL RECEIPTS.**