



**Expense Report**

<b>Name:</b> _____
<b>Destination:</b> _____
<b>Purpose:</b> _____
<b>Date Submitted:</b> _____
<b>Departure Day/ Time:</b> _____
<b>Arrival Day/Time:</b> _____

Date	Airfare	Mileage	Meals	Lodging	Additional Transportation	Parking	Registration Fees	Miscellaneous	LINE TOTAL	FOR STAFF USE ONLY Applicable Budget	FOR STAFF USE ONLY Line Item

Signature: \_\_\_\_\_  
 Date: \_\_\_\_\_

Approved: \_\_\_\_\_  
 Date: \_\_\_\_\_

**YOUR CONTACT INFORMATION**

Address (SECOORA will send payment to this address):  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Phone Number: \_\_\_\_\_