



EXPENSE REPORT

****MUST SUBMIT RECEIPTS WITH EXPENSE REPORT and BANK ACCOUNT INFORMATION FOR ELECTRONIC DEPOSIT* All approved refunds will be completed within 30 days of receiving all required information!***

Date	Description	Hotel	Mileage	Air Fare	Meals	Misc.	TOTALS

NAME: _____

ADDRESS: _____

Please send in a picture of a deposit slip or voided check that includes routing # and account # for electronic deposit!

NOTES: _____