

TRAVEL & ENTERTAINMENT EXPENSE REPORT

Name:							Destination:							
Reimb. Address:							Purpose:							
City, State Zip:										84200 De	ept Travel		(if required)	
							CO (4)	Acct L	Jnit (6)	*		Activity (6)	(eqaea)	
										*Check & fill in if	other Accounting			
		Perso	onal Auto		Other			Meals			Other	Entertainment- Complete Pg 2	Total	
Date	Description	Miles	Amount	Air Fare		Hotel	Breakfast	Lunch	Dinner	Conf Fees		of Form	Expenses	
		Totals						tal Meals						
	Sub-	Account	-0084	-0081	-0085	-0082			-0083	-0001	-0086	84250-01		
You mus	st provide ORIGINAL	., ITEM	IZED rec	eipts for	any ex	penses	over \$25				T	otal Expenses		
Receipts are <u>required</u> to be submitted within 90 days from date of t						travel.				Less I	Less MHC Advance			
							-	-				Total		
I hereby o	certify that the above an	nounts a	as itemized	d are true	and cor	rect and	l request re	eimburse	ment as r	eported.				
Signature:						Date								
Approval	of Accounting Unit (De	partmen	nt) Budget	Authorit	у									
Signature: Date											_			
Travel & Ent	ertainment Expense Report Pg	1-Financia	al Services 7/0	 07		•		-			-			

TRAVEL & ENTERTAINMENT EXPENSE REPORT - Page 2

Entertainment								
Date	Name of Individual(s)	Business Purpose	Description	Total Expenses				
Total expenses should equal total of the entertainment column on page 1 of Travel & Entertainment Report								

