

Runnings EXPENSE REPORT

ATTACH RECEIPTS							
MUST BE FILLED OUT COMPLETELY OR IT WILL BE RETURNED!!	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
EVENT							
LODGING							
TRAVEL EXPENSE							
Air							
Taxi							
Misc.							
AUTOMOBILE EXPENSES							
Mileage							
miles @ \$.50/mile							
MEALS							
OTHER EXPENSES (List)							
Daily Totals	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -

TOTAL EXPENSES \$

DO NOT USE THIS FORM TO REPORT HOURS WORKED- USE AN OUTSIDE WORK REQUEST FORM.

PLEASE PRINT CLEARLY

STORE # _____

Explanation of Other Expenses

NAME & HOME ADDRESS

(FIRST) (LAST)

STREET ADDRESS

CITY STATE ZIP CODE

Signature: _____

Date: _____

Approved By: _____