

American Society of Sanitary Engineering

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EXPENSE REPORT

(PLEASE ATTACH ALL AVAILABLE RECEIPTS)

NAME:	COMMITTEE/POSITION:
PURPOSE:	DATE:

TRAVEL	AIR	RENTAL	MILEAGE	PARKING	OTHER:	TOTAL
	\$	\$	\$	\$	\$	\$

HOTEL(S)	ROOM RATE & TAXES PER DAY: \$	# OF DAYS:	TOTAL: \$
	PARKING: \$	ROOM SERVICE: \$	OTHER: \$
	NAME:		TOTAL HOTEL BILL: \$

HOTEL(S)	ROOM RATE & TAXES PER DAY: \$	# OF DAYS:	TOTAL: \$
	PARKING: \$	ROOM SERVICE: \$	OTHER: \$
	NAME:		TOTAL HOTEL BILL: \$

MEAL(S)	DAY 1	DAY 2	DAY 3	DAY 4	DAY 5	DAY 6	TOTAL
BREAKFAST	\$	\$	\$	\$	\$	\$	\$
LUNCH	\$	\$	\$	\$	\$	\$	\$
DINNER	\$	\$	\$	\$	\$	\$	\$
						TOTAL: \$	

MISC. EXPENSE	PHONE: \$	POSTAGE: \$	PHOTOCOPIES: \$
	OTHER: \$	DESCRIPTION:	
	OTHER: \$	DESCRIPTION:	
	TIPS:	AIRPORT: \$	HOTEL: \$
			TOTAL: \$

SIGNATURE: _____

DATE: _____

TOTAL: \$

FOR OFFICE USE ONLY:	CHECK #	DATE:	APPROVAL:
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