



Expense Report

Name: _____
Department: _____
Period _____
Total Due: **\$0.00**

Date Submitted _____
Authorized By: _____
Per Mile Reimbursement **0.32**

Date	Description of Expense	Lodging	Ground Transportation		Personal Car		Mileage Reimbursement	Meals & Tips	Misc.	Nursing License	Total
			(rental car/taxi)	Airfare	Fuel	Mileage					
							\$0.00				\$0.00
							\$0.00				\$0.00
							\$0.00				\$0.00
							\$0.00				\$0.00
							\$0.00				\$0.00
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							\$0.00				\$0.00
							\$0.00				\$0.00
							\$0.00				\$0.00
							\$0.00				\$0.00
							\$0.00				\$0.00
							\$0.00				\$0.00
Totals		\$0.00	\$0.00	\$0.00	\$0.00	0	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00

Total Due **\$0.00**

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