

## **Support Staff STATEMENT OF EXPENSE**

Please Attach All Receipts					VENDOR							
								Office U	se Only			
					Mileage	S.43			Breakfa	st: \$11.50	Room	
Name:					Rates	N.48		Meals	Suppe	n: \$16.00 er: \$30.00	\$50.00	
Street:	City:						Postal Code:					
Meeting:												
Date	Description		Brkfst	Lunch	Supper	Room	Other Exp.	Mileage	Rate	Amount	Total	
							-					
Total All Columns												
Charge Account: Amount:						Charge Account:			Amo	Amount:		
Employee Signature							Approved By					