

AREA 60 of WESTERN PA GENERAL SERVICE, INC.

EXPENSE REPORT

NAME: _____

DATE: _____

POSITION: _____

PLEASE ATTACH ALL RECEIPTS FOR EXPENDITURES

Copies: _____

Lodging: _____

Literature: _____

Phone: _____

Postage: _____

Registration / Meals: _____

Rent: _____

Other: _____

Subtotal: _____

Travel:

From _____ To: _____ Miles: _____

From _____ To: _____ Miles: _____

From _____ To: _____ Miles: _____

Total miles driven: _____

Cost per mile: _____

OR

Gas & Tolls: _____

Subtotal: _____

Less cash advance given: _____ (_____)

TOTAL COSTS OF THIS REPORT: _____

Description: _____

Date Paid: _____

Check No.: _____