

# Utah Area 69 General Service Committee

## EXPENSE REPORT

Name: \_\_\_\_\_ Position: \_\_\_\_\_  
 Address: \_\_\_\_\_ Phone: \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
 Dates expenditures reported from: \_\_\_\_\_ to: \_\_\_\_\_

***Supporting bills, invoices and receipts must be attached for reimbursement.***

*Please write a brief description detailing reason for expenditure(s)*

Literature ..... \$ \_\_\_\_\_  
 Lodging ..... \$ \_\_\_\_\_  
 Postage ..... \$ \_\_\_\_\_  
 Printing ..... \$ \_\_\_\_\_  
 Registration ..... \$ \_\_\_\_\_  
 Supplies ..... \$ \_\_\_\_\_  
 Telephone (please attach bill(s) and indicate the person(s) called) ..... \$ \_\_\_\_\_

**Travel/Mileage**

<u>Date</u>	<u>Purpose of Trip</u>	<u>From</u>	<u>To</u>	<u>Miles</u>
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

Total # of miles \_\_\_\_\_ Amount to be reimbursed (multiply by \$.25 per mile) \$ \_\_\_\_\_

Other expenses incurred (or seed money for Area events). Please specify:

\_\_\_\_\_ \$ \_\_\_\_\_  
 \_\_\_\_\_ \$ \_\_\_\_\_  
 \_\_\_\_\_ \$ \_\_\_\_\_

Total expenses reported: \$ \_\_\_\_\_  
 Less amount previously advanced for these expenses: \$ \_\_\_\_\_  
**Total to be reimbursed:** \$ \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

*Please give or mail to the Utah Area 69 Treasurer. Thank you.*

Date Received: _____ Date Paid: _____ Check #: _____
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