



ATTACH RECEIPTS

MEMBER EXPENSE STATEMENT

Date and Location of Meeting

Name of Group/Committee Meeting/State Council Committee (Name of Staff Consultant)

Name \_\_\_\_\_ Please Print

Address \_\_\_\_\_ Street City Zip

Table with columns: DATE, Sunday, Monday, Tuesday, Wednesday, Thursday, Friday, Saturday, Total Each Line. Rows include Breakfast, Lunch, Dinner, Lodging, Shuttle, Airfare, Auto Mileage (\$), Parking, Portage, Duplication\*, Postage\*, Other\*\*, TOTAL Expenses, Less: Advance, # of Miles, Total Due \$ 0.00.

\*Applies to State Council representatives who represent multiple chapters only.

\*\* Other: \_\_\_\_\_

ATTACH LODGING AND ITEMIZED MEAL RECEIPTS & TRANSPORTATION TICKET STUBS

APPROVALS
Dates Listed/Attendance Verified: (Consultant)
Dept. Approval

Member's Signature \_\_\_\_\_ Date \_\_\_\_\_

Accounting Office Use Only

Vendor #

Vendor # input field

Acct. # Cost Cntr. Amount Description

Table with 3 rows and 4 columns: Acct. #, Cost Cntr., Amount, Description.