|  |  |
| --- | --- |
| **U:\SOAP\gbidgood\My Documents\01 Growth\logos\Kiwanis\NEW\KI_logo_blue_RGB SM.jpg** | **COMPLETE ALL FIELDS Expense report form** |
| Name (*please print*) |  |  |  |  |  |
| Address |  | Type of Travel: | Local |  | Domestic |  | Int’l |       |
|  |  | Foreign Currency: | Country | USA | Date & Rate |  |
| Purpose of Travel/Expense |  |
| Day | Date | **Destination** | **Hotel** | **Personal Meals** | **Air/ Rail/ Bus** | **Car Rent / Taxi** | Auto Mileage | Phone | Tolls Parking | See Sec. (A) Entertainment | See Sec. (B)Other | Daily Total: |
| **Brkfst** | **Lunch** | **Dinner** |
|       |       |       |       |       | $      | $      |       |       |  |       |       |       |       |       |
|       |       |       |       |       | $      | $      |       |       |  |       |       |       |       |       |
|       |       |       |       |       | $      | $      |       |       |  |       |       |       |       |       |
|       |       |       |       |       |       |       |       |       |  |       |       |       |       |       |
|       |       |       |       |       |       |       |       |       |  |       |       |       |       |       |
|       |       |       |       |       |       |       |       |       |  |       |       |       |       |       |
|       |       |       |       |       |       |       |       |       |  |       |       |       |       |       |
| Previous Page Totals *(if applicable)* |  |  |  |  |  |  |  |  |  |  |  |  |
| ITEM TOTALS | $ 0.00 | $ 0.00 | $ 0.00 | $ 0.00 | $ 0.00 | $ 0.00 | $ 0.00 | $ 0.00 | $ 0.00 | $ 0.00 | $ 0.00 | $ 0.00 |
| 1. Itemized Entertainment Record:
 | 1. Other Expense Section:
 |
| Date | **Description** | **Location** | **Business Purpose** | **Persons / Title / Company** | **Amount** | **Date** | **Description** | **Amount** |
|       |       |       |       |       | $      |       |       |       |
|       |       |       |       |       |       |       |       |       |
|       |       |       |       |       |       |       |       |       |
|       |       |       |       |       |       |       |       |       |
| **Approval Signature:** | **Expense Report Summary Section:** | **Expense Distribution Summary:** |  |
| **TRAVELER SIGN HERE:** |  | **Amount** | **Account Number** | **Amount** |
| X\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** | **Total Expenses** | $      |       | $      |
| **Less: Direct Bill Items** |       |       |       |
| **Approved By:\_**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | **Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_** | **Subtotal: Cash Expenses** |       |       |       |
|  |  | **Less: Cash Advance(s)** |       |       |       |
| **Special Instructions/Return Check to:** | **Subtotal: Due to/from Employee** |       |       |       |
| Footed By |       | **Receipts OK?** |       | **A/C No. OK?** |       | **Finance Dept. Adjustments** |       |       |       |
| Info Complete? |       | **Signatures OK?** |       | **Date** |       | **Total** | $      | **Total** | $      |