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| **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** |
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| 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** | | | |
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| **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** | | | | | | | $ | | | |