MONTHLY EXPENSE REPORT

Name:											W		RA	
Month/Year:						Approved By:					-			
		-	•			•		•		•	•		Account	Summary
Date	Purpose of Expense	Charge to Department	Account Number #	Mileage	Mileage .555	Lodging	Auto	Parking	Meals	Other	Total		#-No.	\$-Amt.
												1		

Totals

R ACCOUNTING USE ONLY