



Name: YOUR NAME

For Period Ending: FILL IN MONTH OF EXPENSES

### Itemized Expenses

#### Taxi/Bus (1)

Note: receipts are required for amounts over \$25.00. Enter daily totals on page 1.

Date:	Fare:	To/From:
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

#### Meals/Self (2)

Receipts are required for amounts over \$25.00. Daily amounts are automatically carried over to page 1.

Daily expenses are not to exceed \$100.00 USD without written explanation -

( see FOM.6 - BUSINESS EXPENSE REPORTING).

Date:	Breakfast	Lunch	Dinner	Social
DATE	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

#### Meals/Official Guests (3)

Daily amounts are automatically carried over to page 1.

Date:	Amount:	Description
DATE	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

#### Tips & Gratuities (4)

Note: Please provide receipts for tips & gratuities over \$25.00. Enter daily totals on page 1.

Date:	Amount:	Description
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____