



SAMPLE

Expense Report

| | |
|----------------------|-------------------------------------|
| _____ Check Number | Treasurer's Use Only |
| _____ EFT | |
| _____ Date | |
| \$_____ Check Amount | |

Check Requested by: _____

Check Payable to: _____
(First Name or Company) (Last Name)

_____ (Address)

_____ (City) (State) (Zip)

Check For: _____

Itemization

\$_____ Transportation: Airfare

\$_____ Transportation: Auto* Destination City: _____

Departure City: _____

\$_____ Accommodations _____ Miles @ \$0.405_ per mile (Treasurer's Use Only)

\$_____ Per Diem**

\$_____ Items not listed (provide written explanation in "Check For" space above)

\$_____ **TOTAL EXPENSES**

| TREASURER'S USE ONLY | | | | | |
|-----------------------------|--------------------------|-----------------------|------------------------|--|--|
| Date received: _____ | Bank fees _____ | Gov't Affairs _____ | Postage _____ | | |
| Date processed: _____ | Board travel _____ | Grants _____ | Prof. education _____ | | |
| Date distributed: _____ | Chapter rebates _____ | Membership _____ | Public education _____ | | |
| Route: _____ | Council meeting _____ | Misc. _____ | Scholarships _____ | | |
| Hand _____ | Delegate _____ | Newsletter _____ | Services & Fees _____ | | |
| Mail _____ | Assistance _____ | | | | |
| EFT _____ | Delegate Selection _____ | Nominating _____ | Symposium _____ | | |
| Treasurer's initials: _____ | ENCARE _____ | Nurse Practice _____ | Taxes _____ | | |
| | ENPC _____ | Office supplies _____ | TNCC _____ | | |
| JTC: revised 2005 | Gifts _____ | Officer expense _____ | | | |

*Transportation is reimbursed for mileage and rate according to the IRS Official Reimbursement Rate.

**Per Diem covers all meals, shuttles, taxis, rental cars, gratuities, and parking fees.