

|  |  |                                     |  | i ouilaca i      | 000                |                                  |          |                              |            |                   |                       |                     |
|--|--|-------------------------------------|--|------------------|--------------------|----------------------------------|----------|------------------------------|------------|-------------------|-----------------------|---------------------|
| Expense Rep<br>Employee                                | ort for:   |                                     |  |                  |                    |                                  |          |                              |            |                   |                       |                     |
| Name:  |  |                                     |  |                  |                    |                                  |          | From:                        |            |                   | =                     |                     |
| Department:<br>Cost Center<br>#:<br>Date<br>Submitted: |  |                                     |  |                  |                    | nclude the persons attending and |          |                              |            |                   | _                     |                     |
| Submitted.   |  |                                     | the business reason. Any unsubstar                       | itiated expenses | must be tax        | ked as                           | income.  |                              |            |                   |                       |                     |
|  | DATE OF  |                                     |  | PERSONAL         | CAR MILI<br>REIMBU | RSE-                             | BUSINESS | OTHER<br>TRAVEL              | NON-TRAVEL | GENERAL<br>LEDGER | CREDIT CARD<br>CHARGE | RECEIPT<br>ATTACHED |
| Item #:  | EXPENSE  | DESCRIPTION OF EXPENSES             | PEOPLE/PLACE/PURPOSE                                     | CAR MILEAGE      | MEN<br>\$          |                                  | MEALS    | EXPENSES                     | EXPENSE    | ACCOUNT #         | Yes/No                | YES/NO**            |
| 2  |  |                                     |  |                  | \$                 | -                                |          |                              |            |                   |                       | yes                 |
| 3  |  |                                     |  |                  | \$                 | -                                |          |                              |            |                   |                       |                     |
| 4  |  |                                     |  |                  | \$                 | -                                |          |                              |            |                   |                       |                     |
| 5  |  |                                     |  |                  | \$                 | -                                |          |                              |            |                   |                       |                     |
| 6  |  |                                     |  |                  | \$                 | -                                |          |                              |            |                   |                       |                     |
| 7  |  |                                     |  |                  | \$                 | -                                |          |                              |            |                   |                       |                     |
| 8  |  |                                     |  |                  | \$                 | -                                |          |                              |            |                   |                       |                     |
| 9  |  |                                     |  |                  | \$                 | -                                |          |                              |            |                   |                       |                     |
| 10<br>11   |  |                                     |  |                  | \$                 | -                                |          |                              |            |                   |                       |                     |
| 12   |  |                                     |  |                  | \$                 | -                                |          |                              |            |                   |                       |                     |
| 13   |  |                                     |  |                  | \$                 |                                  |          |                              |            |                   |                       |                     |
| 14   |  |                                     |  |                  | \$                 | -                                |          |                              |            |                   |                       |                     |
| 15   |  |                                     |  |                  | \$                 | -                                |          |                              |            |                   |                       |                     |
| 16   |  |                                     |  |                  | \$                 |                                  |          |                              |            |                   |                       |                     |
| 17   |  |                                     |  |                  | \$                 | -                                |          |                              |            |                   |                       |                     |
| 18   |  |                                     |  |                  | \$                 | -                                |          |                              |            |                   |                       |                     |
| 19   |  |                                     |  |                  | \$                 | -                                |          |                              |            |                   |                       |                     |
| 20   |  |                                     | T-1-1  | 0                | \$                 | -                                | 0        |                              | 0          |                   |                       |                     |
|  |  |                                     | Total:   | 0                | 0                  |                                  | 0        | 0                            | 0          |                   |                       |                     |
| check the bo   | o donate a porti<br>x and indicate t<br>m your reimbur | the amount of your donation. This a | sher College Annual Fund Campaign, plea<br>mount will be | se               |                    |                                  |          |                              | 1          |                   |                       |                     |
| Employee<br>Signature:                                 |  |                                     |  |                  |                    |                                  |          | Total Expenses               | : \$ -     |                   |                       |                     |
| Date:  |  |                                     |  |                  |                    |                                  |          | less: Cash<br>Advances       |            |                   |                       |                     |
|  |  |                                     |  |                  |                    |                                  |          | less: Credit<br>Card Charges |            |                   |                       |                     |
| Admin.<br>Council<br>Signature:                        |  |                                     |  |                  |                    |                                  |          | Yes, I wish to Donate        |            |                   |                       |                     |
| Date:  |  |                                     |  |                  |                    |                                  |          | = Cash due to (due from)     | \$ -       |                   |                       |                     |

\*\*Expenses without receipts must be explained using the "Fisher College Missing Receipt Form"

<sup>11/12/2019, 1:06</sup> PM