

**EXPENSE REPORT**



revised 12/2/2016

<i>Name:</i>	
<i>Address:</i>	
<i>City/State/Zip:</i>	
<i>Purpose:</i>	
<i>Location:</i>	
<b>DATES:</b>	<b>FROM:</b> _____ <b>TO:</b> _____

EXPENSE ITEM	MON	TUES	WED	THUR	FRI	SAT	SUN	TOTALS
1. Breakfast								
2. Lunch								
3. Dinner								
4. Lodging								
5. Meals & Refreshments for Others (*see below)								
6. Air/Rail								
7. Taxi/Limousine/Shuttle								
8. Mileage Reimbursement								
9. Other Transportation								
10. Telephone								
11. Other (*explain)								
12. Honoraria (SSN: _____/_____/_____)								

<b>TOTAL</b>	<b>0.00</b>
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*Detail Explanation of Item 5 (Use Reverse Side if Necessary)			*Explanation by Item Number of Any Unusual Expenses (Other than Item 5)				Less Adv. \$
Date	Name of Person(s)	Amount					Less Paid by RMA \$
Total of Line #5							Due Claimant

Other Expenses are things such as books, supplies, internet, parking, gas, stamps equipment, software, memberships, other research expenses, etc. \*\*\* Please submit all receipts/invoices\*\*\*

Other	

**Honorarium** (only for non-employees, must be < \$500 cumulative per calendar year)  
**Registration Fees** (ex. Conference, training session)  
**Other?** (include details /reason)

<b>FOR RMA USE ONLY</b>			Signature: _____
Account Number	Amount	Approval	
			Make check payable to: _____

			<i>Date Submitted to RMA:</i> _____

*Vendor #:* \_\_\_\_\_

*Reference #:* \_\_\_\_\_

**Return To: RMA Treasurer**

**\*\*\*Please Submit All Travel /Invoices and other Receipts**