

**EXPENSE REPORT**



revised 2/13/2018

<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/Parking								
8. Mileage APPA's rate .545 p/mile								
10. Telephone								
11. Other (*explain)								
12. Honoraria (SSN: _____/_____/_____)								

	<b>TOTAL</b> <b>0.00</b>
--	-----------------------------

*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 \$
				Due RMA \$
<i>Total of Line #5</i>				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	
	<b>Honorarium</b> (only for non-employees, must be < \$500 cumulative per calender year)
	<b>Registration Fees</b> (ex. Conference, training session)
<b>Other?</b> (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**