

## Expense Reimbursement Report

<b>Name and Home Address</b>					<b>Purpose of Expense</b>			<b>Dates Covered</b>	
Name								From	To
Street		City	State	Zip					
Home phone (      )		Cell phone (      )		email					
<b>A. Summary of Travel Expenses</b>									
Date	Airfare	Lodging	Auto Rental	Destination	Mileage at \$ .50.5/mile		Miscellaneous		Daily total
					Miles	Amount	Description	Amount	
<b>Sub total A</b>									
<b>B. Summary of Business Meals/Other Business Related Expenses</b>									
Date	Place	Items	Business Purpose				Amount		
<b>Sub total B</b>									
<b>C. Office Supplies/ Other</b>									
Date	Purchased at	Item	Business Purpose				Amount		
<b>Sub total C</b>									
<b>Approval</b>					<b>Total (A + B+ C)</b>				
Signature		Date	Office/ Committee	phone	email	<b>Minus Advance</b>			
						Date Paid	Check #	--	
Signature		Date	Office/ Committee	phone	email	<b>Total Amount Due</b>			
						Date Paid	Check #		
Please send to: Region IV Office PO Box 1604 Fenton, MO 63026-8604									