

EXPENSE REPORT FORM

Name: _____

Office: _____

Address: _____

Date Submitted: _____

TRAVEL EXPENSES:

Date	Destination & Purpose of Expenses	Lodging	Meals & Tax/Tip	# of Miles - Round Trip	Mileage
Totals					

Total Travel Expenses: \$ _____

OTHER EXPENSES: (Postage, Office Supplies, Telephone, etc.)

Date	Purpose of Expense	Postage	Phone	Supplies	Other
Totals					

Total Other Expenses: \$ _____

ATTACH SUPPORTING RECEIPTS

MAIL TO: Ohio USBC WBA, PO Box 752048, Centerville, OH 45475

Total Expenses: \$ _____

Signature of Authorizing Executive

Signature of Submitter

Date Approved

Voucher Number

EXPENSE REPORTS ARE TO BE SUBMITTED WITHIN 30 DAYS. Please do not hold up expense reports. They are to be submitted as incurred. EXPENSES SUBMITTED AFTER 60 DAYS WILL NOT BE REIMBURSED.