



Expense Report

Name: _____

Date Submitted: _____

Department: _____

Authorized By: _____

Period: _____

Per Mile Reimbursement: **0.32**

Total Due: **\$0.00**

Date	Description of Expense	Lodging	Ground Transportation		Personal Car		Mileage Reimbursement	Meals & Tips	Misc.	Nursing License	Total
			(rental car/taxi)	Airfare	Fuel	Mileage					
							\$0.00				\$0.00
							\$0.00				\$0.00
							\$0.00				\$0.00
							\$0.00				\$0.00
							\$0.00				\$0.00
							\$0.00				\$0.00
							\$0.00				\$0.00
							\$0.00				\$0.00
							\$0.00				\$0.00
							\$0.00				\$0.00
							\$0.00				\$0.00
							\$0.00				\$0.00
							\$0.00				\$0.00
							\$0.00				\$0.00
							\$0.00				\$0.00
Totals		\$0.00	\$0.00	\$0.00	\$0.00	0	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00

Total Due \$0.00

**P.O. Box 8223 Gadsden, AL 35902
(866) 466-2721 Fax (866) 619-6966**