



MEMBER EXPENSE STATEMENT

Member _____

Address _____

Street

City

Zip

Business Purpose _____

DATE	SUN	MON	TUE	WED	THU	FRI	SAT	TOTAL
	/	/	/	/	/	/	/	
Breakfast	\$	\$	\$	\$	\$	\$	\$	\$
Lunch								
Dinner								
Lodging*								
Shuttle								
Airfare								
Mileage ^{2017 Rate}								
Parking								
Portage								
Copying								
Postage								
Other								
Total Expense								\$
Less: Advance								(\$)
Net Amount								\$

*Attach receipts: The actual statement is required for "lodging."

Member Signature _____ Date _____

Approval Signature _____ Date _____

Accounting Use Only:

Check Number _____

Check Date _____