

NYSFAAA EXPENSE REPORT

Name: _____ Committee: _____

Region: I II III IV V VI VII VIII (Circle One) Date: ____/____/____ to ____/____/____

Purpose: _____

Date	SUN	MON	TUES	WED	THURS	FRI	SAT	TOTAL
Date								
01 Travel: Auto ____ Miles x .535								
Plane-Train etc.								
Parking & Tolls								
02 Meals: Breakfast								
Lunch								
Dinner								
03 Hotel								
SUB-TOTAL TOP								

04 Printing _____	11 Publicity _____	<p>Sub-Total Top + _____</p> <p>Sub-Total Bottom + _____</p> <p>TOTAL TO BE REIMBURSED</p> <p>\$ _____</p>
05 Supplies _____	12 Invited Guest _____	
06 Postage _____	13 Specialty Items _____	
07 Computer Equip./Software _____	14 Refunds _____	
08 Administrative _____	15 Dues Transfer _____	
09 Miscellany _____	16 Telephone _____	
10 Entertainment _____	SUB-TOTAL BOTTOM _____	

Signature: _____ Date: ____/____/____

Date Paid: _____

Pay To: _____

Check Number: _____

Address: _____

