

EXPENSE REPORT

ONCAT US	SE ONLY	
GL Code:		
Class:		

Name:	
Institution/Organization:	Event Title:
Payment to:	
Address for payment:	Event Dates:

Please list each expense per individual line

Date	Details of Expense	Dr	iving	Other	Hotel	Meals	Incidentals,	Other	Total
mm/dd/yr	i.e. taxi from institution to airport	Mileage	46.5¢	Transportation			Tips, Parking	pre-	
		km	per km					authorized	
04/20/17	Parking						\$15.00		\$15.00
04/20/17	Mileage to conference (personal car)	70	\$32.55						\$32.55
04/20/17	Bus to institution			\$15.00					\$15.00
									_
TOTAL (all columns)						\$62.55			

Total amount due to claimant: \$62.55

I hereby certify that the above is a correct statement of my expenses while engaged on ONCAT business.

SIGNATURE	DATE: YR. MO. DAY	ONCAT Authorization	DATE: YR. MO. DAY

^{*}Original receipts and boarding passes (where applicable) are required for all expenses.



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							TOTAL	(all columns)	

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