



FINANCIAL SERVICES
 5000 DEER PARK DRIVE SE, SALEM, OREGON 97317-9392
 503.581.8600 | 503.585.4316 fax

Expense Report

TRAVELER'S NAME: LAST	FIRST	ACCOUNT #
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TRAVEL/CASH ADVANCE (if any) \$ _____

DATE							
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LODGING							
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Total Lodging \$ _____

BREAKFAST							
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LUNCH							
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DINNER							
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Total Meals \$ _____

MILEAGE (miles x ____ cents)							
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CAR RENTAL							
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FUEL (paid with cash)							
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Total Transportation \$ _____

OTHER*							
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OTHER*							
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NOTE: Be sure to explain all "other" expenses below. Do not include VISA transactions. Total Other \$ _____

REMEMBER TO ATTACH ALL RECEIPTS TO THIS FORM

<input type="checkbox"/> Due to Traveler	
<input type="checkbox"/> Returned to Financial Services	
Balance	\$ _____

*Explanation(s): _____

I hereby certify that the above expenses and attached receipts are true and correct.

Traveler's Signature: _____ Date: _____

Authorized Signatures: _____

Department Head
Administrator
Financial Services