

SECTION ON WOMEN'S HEALTH

NAME: _____

***\$0.56 is reimbursed per mile traveled**

[illegible]

Total	-	-	-	-	-	-
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Total Expense \$:

1 - Submit original receipts.

2 - Tape original receipts to 8-1/2 by 11 piece of paper.

3 - Number each original receipt to correspond to line item on expense report.

4 - Code each original receipt with a general ledger expense account number.

5 - Have your direct supervisor approve and sign your expense report.

6 - Submit to accounting department for entry

Account Number	Account Description	Amount
		-
		-
		-
		-
		-
		-
TOTAL		-

Proof □

Enter as a negative amount

Total Amount Due \$:

Employee \$:

Client \$: