

Expense Form

1100 E Woodfield Road, Suite 350

Schaumburg, Illinois 60173

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Society American Association of Clinical Urologists

Name

Address

Address

Type of Meeting State Society Network Advocacy Conference

Meeting Dates August 19-20, 2016

SSN (if award/honorarium over \$600)

	Mon	Tues	Wed	Thurs	Fri	Sat	Sun	
Date					8/19/16	8/20/16	8/21/16	
								TOTAL
Hotel (room and tax only)								\$0.00
Total Hotel	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00

Air Transportation								\$0.00
Baggage Check Fee								\$0.00
Taxi								\$0.00
Parking/Tolls								\$0.00
Mileage (enter # of miles, form will x by \$.54)								\$0.00
Other								\$0.00
Other								\$0.00
Total Transportation	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00

Breakfast								\$0.00
Lunch								\$0.00
Dinner								\$0.00
Other								\$0.00
Total Meals	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00

Honorarium								\$0.00
Other								\$0.00
Other								\$0.00
Other								\$0.00
Total Other	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00

Grand Total Expenses	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
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Please include original receipts.

Signature: _____

Date: _____

Internal WJ Weiser Use Only:

Code:
Class: SSN

Approved by: _____

Date: _____