STATE OF MISSOURI

MONTHLY EXPENSE REPORT

FOR MONTH OF	PAGE _____ OF _____

THE WHITE AREAS MUST BE COMPLETED. THE GRAY AREAS ARE OPTIONAL FOR AGENCY USE. SEE INSTRUCTIONS ON BACK.

DEPARTMENT/DIVISION OR INSTITUTION	
EMPLOYEE NAME (LAST, FIRST)	VENDOR CODE (SOCIAL SECURITY NUMBER)

OFFICE ADDRESS	WORK PHONE NO.	UNIT/COUNTY	LOCATION CODE OR DOCUMENT NO.

DATE	FROM/TO & PURPOSE	OVER-NIGHT STAY (X)	RET (X)	STANDARD MILES	FLEET MILES	BREAK-FAST	LUNCH	DINNER	LODGING	OTHER*	
											0.00
											0.00
											0.00