

UUA TRAVEL AND EXPENSE REPORT

NAME AND ADDRESS

WEEK ENDING

MO	DAY	YEAR

TRAVEL EXPENSES CHARGED TO UUA (Meals!INCLUDE COMPANY CREDIT CARD CHARGES)

	MON	TUES	WED	THURS	FRI	SAT	SUN	
DATE	-6	-5	-4	-3	-2	-1		
FROM (Meals!POINT OF ORIGIN):								
TO (Meals!DESTINATION)								TOTAL
TO (Meals!DESTINATION)								AMOUNT
AIRPLANE--TRAIN FARES,ETC								
LOCAL FARES--TAXI, BUS, ETC								
AUTOMOBILE	ENTER TOTAL AUTOMOBILE EXPENSES -->							
LODGING								
BREAKFAST								
LUNCH								
DINNER								
OTHER								
TOTAL								TOTAL A

PURPOSE OF TRIP OR NAME OF COMMITTEE: _____

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ENTERTAINMENT EXPENSES

DATE	NAME OF PERSON, TITLE, COMPANY	PLACE	NATURE & PURPOSE OF EXPENSE	AMOUNT
TOTAL B				

AUTOMOBILE EXPENSES

DATE	MILEAGE*		PARKING AND TOLLS	RENTAL CAR		TOTAL AMOUNT
	DISTANCE	AMOUNT		FEE	GAS	
TOTAL						

*DO NOT INCLUDE COMMUTING MILEAGE

TOTAL EXPENSES

A + B	
LESS COMPANY PAID (W/ AMEX RECEIPTS)	
SUBTOTAL	
LESS CASH ADVANCE	
NET CASH DUE (ADVANCE RETURNED)	

FINANCE DEPARTMENT USE ONLY

AUDIT BY:	DATE
DATE PAID:	
CHECK #:	

ACCOUNT NUMBER

ACCOUNT NUMBER	AMOUNT
TOTAL	

VICE-PRESIDENT'S OR DEPT. DIRECTOR'S APPROVAL

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This report is a true and complete accounting of my expenses for the period indicated.

SIGNATURE _____

DATE _____