Melissa L. Mays, Treasurer
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(o)502-456-4222x230
(c)502-541-7706

EXPENSE REPORT

NAME:_____ ADDRESS:_____

PURPOSE OF EXPENSE:_____

Date	Description	Airfare	Mileage .585	Parking	Tolls	Car Rent, Shuttle, Cab	Lodging	Dining	Copy Costs	Postage	Supplies Equipment	Phone Fax	Other
COLUMN TOTALS													
											TOTAL EXPENSES CLAIMED	$	

SIGNATURE:_____ DATE:_____

RECEIPTS MUST BE ATTACHED OR YOU WILL NOT BE REIMBURSED