Expense Report-MMC Credit Card

Name:

Trip Purpose:

Dates

From:

To:

Martin Methodist College

Date	City	Breakfast	Lunch	Dinner	Hotel	Pub. Trans	Car Rental	Tolls	Phone	Other	Notes	**Totals**
		$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -		$ -
		-	-	-	-	-	-	-	-	-		$ -
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		-	-	-	-	-	-	-	-	-		$ -
TOTALS		$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -		$ -

Automobile

Date	Explanation	Amount
		$ -
		$ -
		$ -
		$ -
		$ -
		$ -
		$ -
		$ -
	Total	$ -

Other Expenses

Date	Explanation	Amount
		$ -
		$ -
		$ -
		$ -
		$ -
		$ -
		$ -
		$ -
	Total	$ -

BUDGET ACCOUNT NUMBERS:

Budget Acct. #	Project Code	$ Amount
Total:		$0.00

I do hereby agree to repay any amount not accounted for with business receipts within 30 days of filing a completed expense report.

Designate which acct # reimbursements and expenses should be charged to.

PLEASE PLACE ALL RECEIPTS TAPED TO 8 1/2 X 11 SHEET OF PAPER, WITH THIS FORM

CARD SUMMARY

Total Card Expenses		$0.00

Approved for payment by:

_____

Business Office - Date

I hereby certify that all of these expenses were incurred in relation to the scope of my assigned duties at Martin Methodist College.

Employee Signature - Date_____

Supervisor Signature - Date_____