

# MONTHLY EXPENSE AND DAILY TRAVEL REPORT

Date \_\_\_\_\_

Name \_\_\_\_\_ Employee ID # \_\_\_\_\_

Address \_\_\_\_\_ Division \_\_\_\_\_

City \_\_\_\_\_ Expenses for the Month of \_\_\_\_\_

TO BE SUBMITTED TO ACCOUNTING, WITH ITEMIZED RECEIPTS, BY THE 10TH DAY OF THE FOLLOWING MONTH.

Date	Explanation (From and To)	Miles	Meals	Other (specify)	Total
			\$	\$	\$
TOTALS					\$
Mileage Rate _____ x No. of Miles					\$
Grand Total					\$

 \_\_\_\_\_  
 ACCOUNT #

 \_\_\_\_\_  
 BUDGET APPROVAL

I hereby certify that all expense items reported were incurred by me in the discharge of approved official activities. The amounts are correct and represent proper charges against Brookdale Community College. I further certify that I have not received reimbursement from other sources for any portion of the requested reimbursement.

Requisitioner's Signature \_\_\_\_\_

I have reviewed the contents of this report and supporting documents, approve same and authorize payment of these expenses.

 APPROVED BY: \_\_\_\_\_  
Name
Title