

NWTa 66 Expense Reimbursement Report

Attach all receipts to the back of this report.

Name: _____

Service Position: _____

Expense Period: _____ thru _____

	Date	Date	Date	Date	Date	
						Weekly Total
City/State						
Miles Driven						
Mileage @ \$.27/mile	\$					
Gas	\$					
Tolls/Parking	\$					
Car Rental/Taxi	\$					
Postage	\$					
Air/Travel Tickets	\$					
"Copies, Office Exp., etc."	\$					
Hotel	\$					
Breakfast	\$					
Lunch	\$					
Dinner	\$					
Miscellaneous	\$					
Other	\$					
Daily Totals	\$					

attach additional pages for more days

Submitter's Signature _____

Date pd _____ Check # _____

Treasurer's Signature _____