

# KWWOA

PO BOX 700  
Lawrenceburg, KY 40342

## Expense Report

|                   |  |
|-------------------|--|
| <b>Name:</b>      |  |
| <b>Address:</b>   |  |
| <b>City:</b>      |  |
| <b>State/Zip:</b> |  |

|                    |  |
|--------------------|--|
| <b>Activity</b>    |  |
| <b>Start Date</b>  |  |
| <b>Return Date</b> |  |

Purpose of expense:

| Date | Description | Transportation/<br>Mileage (.54<br>Cents/mile) | Valet | Lodging | Meals | Parking | Total |
|------|-------------|--|-------|---------|-------|---------|-------|
|      |             |  |       |         |       |         |       |
|      |             |  |       |         |       |         |       |
|      |             |  |       |         |       |         |       |
|      |             |  |       |         |       |         |       |
|      |             |  |       |         |       |         |       |
|      |             |  |       |         |       |         |       |
|      |             |  |       |         |       |         |       |
|      |             |  |       |         |       |         |       |
|      |             |  |       |         |       |         |       |
|      | Subtotals   |  |       |         |       |         |       |

**Total due**

| Date | Work Hours – Start & End – Minus Lunch Hours | Total Hours |
|------|--|-------------|
|      |  |             |
|      |  |             |
|      |  |             |
|      |  |             |

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Approved by: \_\_\_\_\_ Date: \_\_\_\_\_

***Receipts must be attached to the expense form.***