

KWVWA

PO BOX 700
Lawrenceburg, KY 40342

Expense Report

Name:	
Address:	
City:	
State/Zip:	

Activity	
Start Date	
Return Date	

Purpose of expense:

Date	Description	Transportation/ Mileage (.585 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.