



NDSPLS Expense Report

PURPOSE: _____

PERSONAL INFORMATION:

Name _____ Address _____
 Committee _____

Date	Description	Lodging	Mileage*	Meals	Phone	Misc.	Total	
							\$ -	
							\$ -	
							\$ -	
							\$ -	
							\$ -	
							\$ -	
							\$ -	
							\$ -	
							\$ -	
							\$ -	
							\$ -	
							\$ -	
							\$ -	
							\$ -	
	RECEIPTS MUST ACCOMPANY ALL REIMBURSEMENT REQUESTS EXCEPT MILEAGE							\$ -
							\$ -	
							\$ -	
		\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	

* Mileage reimbursement is at .485/mile (as of 1/1/07)

Subtotal	\$ -
Advances	
Total	\$ -

EXPLANATION OF EXPENSES: