

**SKIDMORE COLLEGE
EXPENSE REPORT**

PERIOD FROM: ____/____/20____ TO ____/____/20____
NAME (please print):

APPROVED BY (please print):

SIGNATURE:

APPROVER SIGNATURE:

DEPARTMENT:

DATE:

MAIL CHECK TO:

EXPENSES	CITY, STATE	SUNDAY	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY	ITEM TOTAL
1 AIR, RAIL, BUS TRANSPORTATION									
2 LIMOUSINE, TAXI, LOCAL CARFARE									
3 HOTEL, LODGING									
4 MEALS									
5 ENT CHECKING									
6 TELEPHONE									
7 TIPS, CHECKING									
8									
9									
AUTOMOBILE	MILEAGE								
10 PARKING, TOLLS									
11 GAS									
12									
13									
14									
DAILY TOTALS									

SUBSTANTIATE YOUR EXPENSES - Law Requires Records of EXPENSE, DATE, PLACE, PURPOSE, NAME, BUSINESS RELATIONSHIP, AND AMOUNT - Enter Details Below:

NO	DATE	EXPENSE ITEM	TIME AND PLACE	PURPOSE	PERSON(S) ENTERTAINED	TITLE	AMOUNT
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CHARGE TO ACCT. #:

ADVANCE	EXPENSES	BALANCE	CHECK NO.	DATE	AMOUNT
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COMMENTS:

CHECKED BY:

APPROVED BY:

FOR ACCOUNTING OFFICE USE ONLY