

HASKINS LABORATORIES - EXPENSE ACCOUNTING FORM

Date (s) expenses incurred: _____ # DAYS _____

Purpose: _____

Allocation: _____

*****Transportation: (Effective January 2009 mileage rate increases to .55 mile)

From: _____ To: _____

via: _____ ** (_____ miles @ .55 \$ _____

From: _____ To: _____

via: _____ ** (_____ miles @ .55 \$ _____

**Taxi _____ **Parking _____ **Tolls _____ \$ _____

Total Transportation costs: \$ _____

Hotel:

Number of days _____ at \$ _____ \$ _____

Number of days _____ at \$ _____ \$ _____

Total Hotel Charges: \$ _____

Meals:

Breakfast _____ x 10.00 \$ _____

Lunch _____ x 12.00 \$ _____

Dinner _____ x 24.00 \$ _____

Total of Cost of Meals: \$ _____

Other Items:

_____ \$ _____ \$ _____

_____ \$ _____ \$ _____

Total other items: \$ _____

Please Print

Name: _____ Registration: \$ _____

Street: _____ TOTAL EXPENSES \$ _____

City: _____ LESS ADVANCE \$ _____

BALANCE DUE \$ _____

SUBMITTED BY and certifying that
I will not be reimbursed by any other source.
APPROVED BY: _____

DATE PAID _____
CHECK # _____
AMT. PAID _____

** Receipts are needed to be reimbursed!!