

PARTNERS OF WHA, INC. EXPENSE REPORT

PAY TO _____

ADDRESS _____

CITY _____ STATE _____ ZIP CODE _____

PHONE _____ EMAIL _____

PURPOSE _____

LOCATION _____

DATES _____

TRANSPORTATION:

PUBLIC TRANSPORTATION (ATTACH RECEIPTS) \$ _____

RENTAL CAR (ATTACH RECEIPTS) \$ _____

PERSONAL CAR _____ MILES @ .45 CENTS PER MILE \$ _____

TAXI/LIMO (ATTACH RECEIPTS) \$ _____

PARKING @ _____ (ATTACH RECEIPTS) \$ _____

LODGING: _____ NIGHTS @ _____ (ATTACH RECEIPTS) \$ _____

MEALS: (ATTACH RECEIPTS) \$ _____

MISCELLANEOUS: _____ \$ _____

_____ \$ _____

TOTAL: \$ _____

SUBMITTED BY: _____

Signature: _____ Date: _____

Title _____

PLEASE COMPLETE AND RETURN TO: Partners of WHA, Inc. Treasurer

Date Paid: _____

Amount Paid: \$ _____

Check # _____