

PARTNERS OF WHA, INC. EXPENSE REPORT						Date:		
Name:			Address:			Phone No.		
Title:			City & Zip:			Email Address:		
Date	Purpose (Budget Category)	Transportation		Lodging	Meals	Miscellaneous		TOTAL
		Auto Miles	Air Travel			Description	Amount	
Totals								
Please Attach All Receipts							Total \$	
Signature _____ Authorized Signature (when needed) _____							Date Paid	
							Amount Paid	
							Check #	