WEEKLY EXPENSE REPORT

Name _____ ID _____ Department _____ Week ended _____

Purpose of trip: _____ Approval: _____ _____

Expense Item:	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Total	Account charged
Airline								$0.00	
Mileage reimb. (see below)	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	
Parking								$0.00	
Hotel								$0.00	
Breakfast								$0.00	
Lunch								$0.00	
Dinner								$0.00	
Telephone								$0.00	
Conference Fees								$0.00	
Other (describe):									
								$0.00	
								$0.00	
								$0.00	
								$0.00	
Total expenses	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	
Less advance to employee (advance date _____)									
Balance due employee								$0.00	

Check should be: (•) Mailed to OBU Box _____ ( ) Picked up by employee ( ) Other _____

Balance due OBU (check has been sent to Business Office)	$0.00

Mileage reimbursement:

Travel from								
Travel to								
Total mileage								0
Times reimbursement rate	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00