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									
Mileage reimb. (see below)									
Parking									
Hotel									
Breakfast									
Lunch									
Dinner									
Telephone									
Conference Fees									
Other (describe):									
Total expenses									
Less advance to employee (advance date _____)									
Balance due employee									

Check should be: ☐ Mailed to OBU Box _____ ☐ Picked up by employee ☐ Other _____

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

Mileage reimbursement:

Travel from								
Travel to								
Total mileage								
Times reimbursement rate								