



Name Department

Address Purpose

Date	Breakfast	Lunch	Dinner	Lodging	Fuel (receipts needed)	
Sub Totals						

Other Expenses:

Date	Expense Type	Amount	

I do solemnly swear, under criminal penalty of a felony for false statements subject to punishment by fine of not more than \$1000 or by imprisonment for not less than one nor more than five years, that the above statements are true and I have incurred the described expenses in the discharge of my official duties for the state.

Submitter Signature and Date

Approver Signature and Date