

EXPENSE REPORT

NAME	Meet, Conv, Clinic	PERIOD COVERED
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OZARK SWIMMING

DATE	LOCATION (FROM/TO) PURPOSE:	TRANSPORTATION					LODGING (DAILY COST)	Per Diem (Per Day)	TEAM MEALS complete back	MISCELLANEOUS		TOTAL DAILY EXPENSE
		TRAVEL (Air)		TRAVEL (AUTO)		TAXI, TOLLS & PARKING				AMOUNT	DESCRIPTION	
		Code	AMOUNT	MILES	AMOUNT							
					0.58 per mile							
TOTALS										TOTAL EXPENSES		

LESS AMOUNT TO BE CREDITED TO MY ADVANCE	
ACCOUNT #	
BALANCE DUE INDIVIDUAL	

_____ SIGNATURE DATE
 _____ LSC CHAIR'S APPROVAL DATE
 _____ TREASURER'S APPROVAL DATE

