NDSPLS Expense Report

PURPOSE: _____

PERSONAL INFORMATION:

Name _____ Address _____

Committee _____

Date	Description	Lodging	Mileage*	Meals	Phone	Misc.	Total
	RECEIPTS MUST ACCOMPANY ALL REIMBURSEMENT REQUESTS EXCEPT MILEAGE						
		$	$	$	$	$	
						Subtotal	
						Advances	
						Total	

* Mileage reimbursement is at .575/mile (as of 1/1/2020)

EXPLANATION OF EXPENSES:

Form Effective 1/1/2020