

Expense Report Instructions

(Grey cells will calculate automatically if completing in Excel)

Expenses for reimbursement should have pre-approval from funding group prior to purchase or travel – team (Manager and Treasurer) or club (Board of Directors).

Please complete all fields.

Expense Report Heading

- **Name**
- **Date Submitted**
- **Purpose** - The description should clearly state the purpose of the trip or purchase
- **Period** – Fill in starting/ending date of purchase period if completing expense report manually. (Date range will calculate automatically from dates entered in detailed section if using Excel)

Expense Report Details

(each receipt should be entered on a separate line, do not combine multiple receipt on one line)

- **Date** – Enter date the expense is incurred
- **Description** – This should include the merchant and description of items purchased. Line items for mileage should include starting location, location traveled to and return destination (i.e. Evansville to Birmingham to Evansville). If receipt is for more than one person, all persons covered must be noted.
- **Reimbursable Amounts** – enter the amount to be reimbursed under the appropriate column.
- **Mileage** – Enter the number of miles traveled, the Mileage Reimbursement field will automatically calculate. If completing manually enter the number of miles and manually calculate the reimbursement amount using the Per Mile Reimbursement rate and enter in the grey field under Mileage Reimbursement.
- **U.S. \$** - If completing expense report manually, sum amounts on individual lines and fill in.
- **Total Mileage Reimbursement and Total** – If completing expense report manually sum each column and fill in.

Please sign expense report prior to submission and submit to the approver for the respective funding group –(Team –team manager; Club –Club President) for approval. Approvers will then forward to the respective Treasurer for reimbursement.



Name _____
 Purpose _____
 Period _____
 Per Mile _____
 Reimbursement \$ 0.400
 Total _____
 Reimbursement Due _____

Date Submitted _____

Volunteer Signature _____

Authorized by _____

Date	Description of Expense	Airfare	Lodging	Ground Transportation (Gas, Rental Car, Taxi)	Meals & Tips	Conferences and Seminars	Miles (Personal Car Only)	Mileage Reimbursement	Miscellaneous	U.S. \$
Total Mileage Reimbursement:									Total:	