

Facility	Corporate	Corporate Location						on Name	Facility #1
Employee Nam	e							Title	
Mailing Address	s								
								Vendor#	
DATE	AMOUNT	Т	TYPE OF EXPENSE				SE	ACCTG. CODE (ACCTG. ONLY)	PURPOSE OF EXPENSE (NAMES, DATES, ETC.)
		G	R	L	Α	М	0	· · · · · · · · · · · · · · · · · · ·	
		G	R	L	Α	М	0		
		G	R	L	Α	М	0		
		G	R	L	Α	М	0		
		G	R	L	Α	М	0		
		G	R	L	Α	М	0		
		G	+	L	Α	М	0		
		G	R	L	Α	М	0		
		G	R	L	Α	М	0		
		G	R	L	Α	М	0		
		G	1 -	L	Α	М	0		
		G	+	L	Α	М	0		
TOTAL						ge (.5	3)		
LESS	\$ -					ar			-
ADVANCES	L Lodging A Airfare								<del>                                     </del>
7.2 77.11020			M Meals/Beverage						1 -
LESS COMPANY		O Other - Explain in							7 -
PD. AIRFARE		"Purpose Section"							
DUE								<u> </u>	-
DUE EMPLOYEE									-
<company></company>	\$ -							Total	-
COMPANI)								i otai	
			_			_			<u> </u>
DATE EMPLOYEE SIGNATURE						ATUF	RE	DATE	SUPERVISORY APPROVAL