

HRC EXPENSE REPORT

Submit to: Kristine Odden, HRC Treasurer, 4816 Carole Ct, Bartlesville, OK 74006

Email - nathrc.treasurer@gmail.com

Name: _____
 Address: _____
 City, ST Zip: _____
 Event: _____

Phone: _____
 Position/Committee: _____
 Region: _____

Expense Category	Date:	Date:	Date:	Date:	Date:	Date:	Date:	Total
1 Meals								\$ -
2 Hotel/Lodging								\$ -
3 Auto/Transportation								\$ -
4 Airfare								\$ -
5 Entertainment								\$ -
6 Office Supplies								\$ -
7 Postage								\$ -
8 Telephone								\$ -
9 Other								\$ -
TOTAL	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -

Purpose of Travel / Description of Expense / Supporting Comments

(use reverse for additional space if necessary)

Signature: _____ Date: _____ Approval: _____

- * Current mileage reimbursement rate is \$0.60 per mile
- * ALL expenses MUST be accompanied by a receipt
- * Please submit expense report to both HRC Treasurer and Committee Chair for approval & reimbursement
- * Expense reports should be submitted within 30 days of travel or expense
- * Please fill out name and address completely

OFFICE USE ONLY

Check No.

Amount

Received:

Processed: