

# MD-27-A2 Expense Report

Name: \_\_\_\_\_

Position: \_\_\_\_\_

Pay Period: From \_\_\_\_\_ To \_\_\_\_\_

Date	Description	Mileage	Mileage \$ .50	Meals & Tips	Air & Trans.	Lodging	Other	Total
			0.00					0.00
			0.00					0.00
			0.00					0.00
			0.00					0.00
			0.00					0.00
			0.00					0.00
			0.00					0.00
			0.00					0.00
			0.00					0.00
			0.00					0.00
			0.00					0.00
			0.00					0.00
			0.00					0.00
			0.00					0.00
			0.00					0.00
			0.00	0.00	0.00	0.00	0.00	0.00

Sub Total 0.00

Advances

Reimbursement

### Itemized Expenses or Descriptions for "Other"

Date	Description	Amount

\*\*\*Don't forget to attach receipts\*\*

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date