

ASK ESP Expense Report
P.O. Box 17038
Salem, OR 97305

Name _____
Address _____
City _____ State _____ Zip _____

Date:	/	/	/	/	/	/	/	<u>Total Each Line</u>
<u>Breakfast</u> <u>Plus tips</u>								
<u>Lunch</u> <u>Plus tips</u>								
<u>Dinner</u> <u>Plus tips</u>								
<u>Hotel</u>								
<u>Shuttle or Taxi</u> <u>Plus tips</u>								
<u>Plane</u>								
<u>Luggage/Hotel</u> <u>Tips</u>								
<u>Auto Mileage</u>								
<u>Misc.</u> <u>(Exp. Below)</u>								
<u>Explanations</u>								<u>Total of Column</u>

Name of Conference or Activity: _____

Location: _____

Member's Signature _____ **Date** _____

Approved By _____ **Date** _____

Check #: _____ **Date Paid:** _____ **Account #:** _____ **Paid By:** _____