

PENNSYLVANIA ATHLETIC TRAINERS' SOCIETY INC. - EXPENSE REPORT

Submitter: _____

Date Submitted: _____

Address to send check: _____

Reason: _____

Committee: _____

Board/Committee Member: _____

Date/Times of Activity: From: _____

To: _____ % Lobbying _____

TRAVEL EXPENSES:

_____ miles traveled on ground for reimbursement
 From: _____
 To: _____

Round trip

Personal car:	
(# of miles x \$0.555/mile) =	
Rental car:	
Gas for rental:	
Taxi/Tolls/Parking:	
Airfare (at coach class), Rail:	
SUB TOTAL:	

MEALS (includes tip):

(Subject to maximum reimbursement)

B - breakfast ; L - lunch D - dinner

B _____ L _____ D _____
 B _____ L _____ D _____
 B _____ L _____ D _____
 B _____ L _____ D _____
 B _____ L _____ D _____

SUB TOTAL: \$ _____

LODGING:

(reimbursed "at the prevailing rate"; should have 3 comparison rates)

*refer to "Reimbursement Policy"

of nights: _____

Cost/night: \$ _____

SUB TOTAL: \$ _____

NOTE: This form **MUST** be filled out completely with ALL reimbursable receipts attached, in order to receive reimbursement.

Please return to: Dave Marchetti, MS, ATC, CSCS
 King's College
 133 N. River St.
 Wilkes-Barre, PA 18711
 570-208-5900, ext 5494
 570-208-6016 fax
 davidmarchetti@kings.edu

MISCELLANEOUS:

Telephone: \$ _____
 Postage: \$ _____
 Printing/Copying: \$ _____
 *Entertainment: \$ _____
 (please attach a detailed description of events)
 Other: \$ _____
SUB TOTAL: \$ _____

EXPENSE SUMMARY:

Travel: \$ _____
 Meals: \$ _____
 Lodging: \$ _____
 Miscellaneous: \$ _____

TOTAL EXPENSES: \$ _____

AMOUNT OF ADVANCE: \$ _____

Amount being returned \$ _____
 Amount due \$ _____

AMOUNT DUE:

Person \$ _____
 Company \$ _____

Make check payable to:

To Be Completed by Treasurer ONLY

Date Paid: _____
 Check #: _____
 Account: _____
 Signed by: _____
 Approved by: _____
 Check made to: _____
