HASKINS LABORATORIES - EXPENSE ACCOUNTING FORM

Date (s) expenses incurred: ____________________________ # DAYS ________

Purpose: __________________________________________

Allocation: ________________________________

Transportation: (Effective January 2010 mileage rate is .45 mile)
From: ____________________________ To: ____________________________
via: ____________________________ ** ( ____________miles @ .45 $__________

From: ____________________________ To: ____________________________
via: ____________________________ ** ( ____________miles @ .45 $__________

**Taxi ____________**Parking ____________ **Tolls____________ $__________

Total Transportation costs: $__________

Hotel:

Number of days ____________ at $__________ $__________

Number of days ____________ at $__________ $__________

Total Hotel Charges: $__________

Meals:

Breakfast ________ x 10.00 $__________
Lunch ________ x 12.00 $__________
Dinner ________ x 24.00 $__________

Total of Cost of Meals: $__________

Other Items:

________________________________________________________________________

$__________ $__________

Total other items: $__________

Please Print

Name:_____________________________ Registration: $__________
Street:_____________________________ TOTAL EXPENSES $__________
City:______________________________ LESS ADVANCE $__________

BALANCE DUE $__________

SUBMITTED BY and certifying that DATE PAID ____________
I will not be reimbursed by any other source. CHECK # ____________
APPROVED BY: ____________ AMT. PAID ____________

** Receipts are needed to be reimbursed!!