HOMINY PUBLIC SCHOOLS
WEEKLY EXPENSE REPORT

PURPOSE OF EXPENSE	NAME	PERIOD OF EXPENSE (INCLUSIVE)
	POSITION	

	SUNDAY	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY	TOTALS
DATE								
BREAKFAST **								
LUNCH **								
DINNER **								
HOTEL **								
TIPS								
AUTO EXP / MILES TRAVELED .55								
TAXI, BUS, ETC.								
FLIGHT EXPENSE **								
OTHER TRANS EXP **								
TRANSPORTATION TIPS								
MISC. EXPENSE								
TOTAL EXPENSE								

NOTE—** REQUIRES RECEIPTS FOR REIMBURSEMENT

SIGNATURE OF EMPLOYEE _____ DATE SUBMITTED _____

SIGNATURE OF APPROVING OFFICER _____ DATE APPROVED _____

NOTE: EXPENSE REPORT MUST BE PROPERLY CODED ACCORDING TO HANDBOOK IIR.

FISCAL YEAR	FUND	PROJECT REPORTING	FUNCTION	OBJECT	PROGRAM	SUBJECT	JOB CLASS	OPER.UNIT OR SITE
X I	XX I	XXX	XXX I	XXX I	XXX	XXXX	XXX	XXX I

* ALWAYS REQUIRED

PROJECT REPORTING - USUALLY 0, UNLESS NEEDED FOR TRACKING

PROGRAM AND SUBJECT - REQUIRED ONLY ON FUNCTION 1000 OR 2330.