HEC Expense Report

Name _____ **Signature** _____

Department/Program _____ **Date Submitted** _____

Purpose _____ **Program Director** _____ Date: _____

Period _____ **Department Head** _____ Date: _____

Total _____ **Mileage Rate** $0.55 **HEC Designee** _____ Date: _____

Date	Description of Expense	Miles (personal vehicle)	Mileage Reimbursement	Supply	Gas	Conference/ Seminar	Meals	Transportation	Lodging	Miscellaneous (parking, toll, services)	Total
										Subtotal	
										Cash Advance	
										Total Reimbursement or Amount Owed:	