

# Haskins Laboratories Expense Accounting Form

Name:		Location:	
Date of Travel:		Grant:	
Purpose: <b>Parking</b>		Approved by:	
<b>Mileage .53.5</b>	<b>From:</b>	<b>To:</b>	<b>Total</b>
<b>Transportation</b>	<b>Expenses</b>	<b>Details</b>	<b>Amount</b>
<b>From:</b>	<b>To:</b>		
		<input type="checkbox"/> Air <input type="checkbox"/> Taxi <input type="checkbox"/> Rental car <input type="checkbox"/> Other	
		<input type="checkbox"/> Air <input type="checkbox"/> Taxi <input type="checkbox"/> Rental car <input type="checkbox"/> Other	
		<input type="checkbox"/> Air <input type="checkbox"/> Taxi <input type="checkbox"/> Rental car <input type="checkbox"/> Other	
		<input type="checkbox"/> Air <input type="checkbox"/> Taxi <input type="checkbox"/> Rental car <input type="checkbox"/> Other	
		Tolls: _____ Parking: _____	
<b>Lodging</b>	Per night		
		Location	
		Location	
		Location	
<b>Meals</b>		Breakfast (not to exceed \$10)	
		Lunch (not to exceed \$15)	
		Dinner (not to exceed \$30.00)	
<b>Conference fees</b>			
<b>Other</b>	<b>Parking</b>		
<b>Submitted By:</b>			
<b>Address:</b>			
<b>City, State &amp; Zip:</b>			
<b>Subtotal</b>			
<b>Less amount paid by Haskins</b>			
<b>Less Travel Advance</b>			
<b>Total amount owing to employee</b>			
Signature:		Date	
Approved By:		Date:	

Please attach receipts for all listed expenses, sign the form and send to the Business Department.