



Invoice of Expenses

Name of Payee:

Address:

City:

State:

Zip:

Date(s) on which expenses occurred

Travel expenses:

Miles traveled @ per mile = mileage expense:

Meal expenses:

Lodging expenses:

Other: (Include honorarium)

Total:\$

Reason for travel: (I.E. types of workshop, etc.)

Please attach motel, hotel, air travel, etc. receipts.

Payee Signature

Social Security Number

For Office Use Only

For Division Head

Funding Source: _____

Supervisor's Signature _____

Date of Approval _____

Director or Supervisor's Signature _____