



Expense Report

Name: _____

Office/Region: _____

Purpose of Trip: _____

Date of Trip: From _____ to _____
Month/Day/Year Month/Day/Year

Expenses	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday	TOTAL
Breakfast								
Lunch								
Dinner								
Hotel								
Plane/Train								
Automobile ____ miles x .445								
Taxi/Bus/ Subway								
Parking								
Tolls								
Telephone								
Postage								
Misc.								
TOTAL								

Signature: _____ Date: _____

Address: _____

President/Treasurer Authorization (if required): _____

Return this form to: Hugh Ganser
 University at Buffalo
 Financial Aid
 232 Capen Hall
 Buffalo, NY 14227

For Treasurer's use
 _____ Issued Check No. _____ Initials: _____ Date: _____

_____ Journal Entry (If required): Account Debit Credit Memo
 Comments: _____ (05/12/06)