



Expense Report - Team Account

DATE SUBMITTED: _____

NAME			DATES OF EXPENSES:		
TEAM AGE:		YEAR:	Academy/Pre-Academy/Black / White / Blue / Gold		
ADDRESS			PURPOSE OF TRIP		
CITY	STATE	ZIP	APPROVED BY		

Item Date: MM/DD/YY	Mon	Tue	Wed	Thu	Fri	Sat	Sun	TOTAL
Mileage x (\$0.535 / Mi)								0 \$ -
								\$ -
Parking, Tolls								\$ -
Auto Rental								\$ -
Taxi, Bus								\$ -
Air								\$ -
Hotel								\$ -
Meals \$35 Daily Per Diem								\$ -
Other (describe in detail):								\$ -
								\$ -
								\$ -
								\$ -
								\$ -
								\$ -
Total Daily Expenditure	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -

THIS FORM MUST BE COMPLETED & SIGNED BEFORE A CHECK WILL BE ISSUED. Danielle Go teamaccounts@westonfc.org

Signature

Date