

LINCOLN MEMORIAL UNIVERSITY
~EXPENSE REPORT~

rev. Jan. 06

NAME _____ DEPARTMENT _____

ADDRESS _____ ACCOUNT # _____ AMOUNT _____

SOC.SEC.

| | | | | | | | | | |
|--|--|--|--|--|--|--|--|--|--|
| | | | | | | | | | |
|--|--|--|--|--|--|--|--|--|--|

PURPOSE OF EXPENSE: _____

Travel _____

(mm/dd/yy) _____

Dates →

Origin

Destination

Miles

Mileage

\$.42

Lodging

Breakfast

Lunch

Dinner

Other:

(Please list)

NOTE:
ALL receipts
must be
attached!!

TOTALS

**DAILY
TOTAL**

TOTAL

**EXPENSE REPORTS RECEIVED BY THE DIRECTOR OF PURCHASING AND ACCOUNTS
 PAYABLE IN THE FINANCE OFFICE BY THE LAST WORKING DAY OF THE MONTH
 WILL BE PAID ON THE FRIDAY FOLLOWING THE 10th OF THE MONTH.**

Submitted By _____

Date _____

Department Approval _____

Date _____

Dean (Academic Units) Approval _____

Date _____

Division (V.P.) Approval _____

Date _____

TOTAL EXPENSE: _____

LESS: ADVANCE _____

Balance due EMPLOYEE _____

Balance due UNIVERSITY _____

Finance Office Use Only
RECEIPT #