

UNLV MEDICINE EXPENSE REPORT

Expense Report:
Name: _____

Date(s): _____

Travel Expense												
Dates	Destination	 Meals			Total Meals	Lodging	Airfare	Taxi/Limo etc.	Car Rental	Mileage	Total
	From	To	Breakfast	Lunch	Dinner							
Totals												

Entertainment Expenses		
Date	Purpose	Amount
Total		

Miscellaneous Expenses			Total Travel Expenses
Date	Purpose	Amount	
Total			

Check Requested:	_____
Payable To:	_____
Check Amount:	_____
Accounting Codes	Amount

Employee Signature: _____

Approved By: _____

Total Expense Request	
Less Advance	--0-
Balance Due	