

Detachment of Illinois
BUDGETED EXPENSE REPORT

NAME: _____

STREET: _____

CITY: _____ STATE: _____ ZIP: _____

TITLE: _____

SQUADRON NUMBER: _____ DISTRICT: _____ DIVISION: _____

List the Amount of each separate expenditure for traveling away from home, such as cost of transportation and lodging. Expense for your meals, taxi fares, tips, ect., may be lumped into these categories for each day.

Itemized receipts must be submitted for all expenses within 45 days! Fuel receipts must show a fill up before and after the trip for actual fuel used for reimbursement.

IF YOU KNOW THE CORRECT "BUDGET ITEM" YOU CAN BREAK THE EXPENSES DOWN ON THIS PAGE; OTHERWISE USE A SEPARATE REPORT FOR EACH ITEM.
(ALSO GIVE A REASON FOR THE EXPENSE AND OR DESTINATION OF TRAVEL FOR FUEL REIMBURSEMENT)

DETAIL OF EXPENSES

BUDGET ITEM: _____			
DATE	EXPENSE ITEM	AMOUNT	TOTAL
		\$	\$
		\$	\$
		\$	\$
		\$	\$
		\$	\$
BUDGET ITEM: _____			
DATE	EXPENSE ITEM	AMOUNT	TOTAL
		\$	\$
		\$	\$
		\$	\$
		\$	\$
		\$	\$
BUDGET ITEM: _____			
DATE	EXPENSE ITEM	AMOUNT	TOTAL
		\$	\$
		\$	\$
		\$	\$
		\$	\$
		\$	\$
GRAND TOTAL		\$	\$

SIGNED: _____

DATE: _____

APPROVED: _____

DATE: _____

Detachment Commander or Detachment Advisor

DETACHMENT FINANCE OFFICER ONLY: CHECK NO. : _____ DATE PAID: _____