

**Name:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Email:** \_\_\_\_\_ **Department:** \_\_\_\_\_

**Phone:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**Out-of-pocket expenses:**

| <b>Date:</b> | <b>Description:</b> | <b>Purpose:</b> | <b>Location:</b> | <b>Amount:</b> |
|--------------|---------------------|-----------------|------------------|----------------|
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|              |                     |                 |                  |                |

**Signature:** \_\_\_\_\_

**Approval:** \_\_\_\_\_ **Print:** \_\_\_\_\_

**Sub Total:**

**Less Advance:**

**Total:**

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