UNIVERSITY OF THE INCARNATE WORD

Expense Summary Form

NAME				DATE		FOR ACCOUNTS PAYABLE USE			
ACCOUNT NUMBER									
		ACCOUN	1 NUMBER						
					G OF EXPEN				_
#	EXPENSE	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	TOTAL
	ITEM	\ \	\ \	\ \	\ \	\ \	\ \	\ \	
$ \begin{array}{r} 1\\ 2\\ \hline 3\\ \hline 4\\ \hline 5 \end{array} $	Mileage								
2	Airfare								
3	Rental Car								
4	Taxi								
	Meals:								
<u>5a</u>	Breakfast								
5b	Lunch								
5c	Dinner								
6	Lodging								
6 7 8 9	Registration Fees	3							
8	Other Expenses								
9	Total								
		_	DETAIL	EEVDENIGE	C WITH NO	DECEIDTO			
	DATE	A N //	<u>DETAIL O.</u> DUNT	F EXPENSE	S WITH NO	DESCR	IDTION		
DATE		AM	JUNI	DESCRIPTION					
-									
	L								
			ODOME	TER READ	INGS FOR N	III FACE			
START END DESTINATION									
START						DESTI	17111011		

Submit to Accounts Payable with General Travel Expense Report at time of settlement.