

# Nebraska Academy of Physician Assistants

(Rev 8/07)

1335 H Street, Suite 100, Lincoln NE 68508

## Expense Report

Phone: 402-476-1528

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Email: info@nebraskapa.org

Date: \_\_\_\_\_

*For Treasurer Use:*

Name: \_\_\_\_\_

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

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

*Check #:* \_\_\_\_\_

City: \_\_\_\_\_

*Amount:* \_\_\_\_\_

State: \_\_\_\_\_ Zip: \_\_\_\_\_

*Account #:* \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ E-mail: \_\_\_\_\_

Expense Purpose: \_\_\_\_\_

Desc.	Day Dates	Mon	Tues	Wed	Thur	Fri	Sat	Sun	Totals	Account No.
Hotel										
Personal Miles										
Rate 50.5¢/mile										
Air Fare										
Cab/Bus Travel										
Meals:		*****	*****	*****	*****	*****	*****	*****	*****	
Breakfast										
Lunch										
Dinner										
Totals										

### OTHER EXPENSES

Description	Purpose	Amount	Account Number
Phone			
Postage			
Printing			
Supplies			
Registration Fees			
Other			

**Note: Receipts are required for all travel and other expenses.**

Your Signature: \_\_\_\_\_ Date: \_\_\_\_\_ Committee Budget Charged: \_\_\_\_\_

Committee Chair Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Secretary/Treasurer Signature: \_\_\_\_\_ Date: \_\_\_\_\_