

# UAMFT Expense Form

Office Use

Name of Person Requesting Expense \_\_\_\_\_

Check# \_\_\_\_\_

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

Credit Card? \_\_\_\_\_

OK'd \_\_\_\_\_

Wages: \_\_\_\_\_ hours X \$10.00/hr = \_\_\_\_\_

Mileage: \_\_\_\_\_ miles X 44.5 cents/mile = \_\_\_\_\_

Miscellaneous:

| Date  | Payee | Amount | Purpose | Office |
|-------|-------|--------|---------|--------|
| _____ | _____ | _____  | _____   | _____  |
| _____ | _____ | _____  | _____   | _____  |
| _____ | _____ | _____  | _____   | _____  |
| _____ | _____ | _____  | _____   | _____  |
| _____ | _____ | _____  | _____   | _____  |
| _____ | _____ | _____  | _____   | _____  |
| _____ | _____ | _____  | _____   | _____  |
| _____ | _____ | _____  | _____   | _____  |
| _____ | _____ | _____  | _____   | _____  |

Office:

Check # \_\_\_\_\_ Date \_\_\_\_\_ Amount \_\_\_\_\_ Cleared \_\_\_\_\_

Check # \_\_\_\_\_ Date \_\_\_\_\_ Amount \_\_\_\_\_ Cleared \_\_\_\_\_

Check # \_\_\_\_\_ Date \_\_\_\_\_ Amount \_\_\_\_\_ Cleared \_\_\_\_\_

Credit card date \_\_\_\_\_ Holder \_\_\_\_\_ Cleared \_\_\_\_\_

Credit card date \_\_\_\_\_ Holder \_\_\_\_\_ Cleared \_\_\_\_\_

Credit card date \_\_\_\_\_ Holder \_\_\_\_\_ Cleared \_\_\_\_\_

**PLEASE ATTACH RECEIPTS**