Missouri DECA

MONTHLY EXPENSE REPORT

FOR MONTH OF	PAGE ____ OF ____
January	
OFFICER NAME (LAST, FIRST)	

CHECK MADE PAYABLE TO	ADVISOR NAME (LAST, FIRST)
MAILING ADDRESS (check will be sent to this address)	CITY, STATE, ZIP

DATE	FROM/TO & PURPOSE/CONFERENCE	REGISTRATION/ STIPEND	MILES	BREAK-FAST	LUNCH	DINNER	LODGING	OTHER*	TOTAL
									0
									0
									0
									0
									0
									0
									0
									0
									0
									0
									0
									0
									0
									0
									0
									0
									0
									0
									0
									0
									0
									0
TOTAL OF ABOVE >			0	0	0	0	0	0	0
TOTAL MILES >			0	AT .55 PER MILE >					0

TOTAL REIMBURSABLE EXPENSE > 0.00

*EXPLANATION OF OTHER w/ AMOUNT					
DATE	EXPLANATION	DATE	EXPLANATION	DATE	EXPLANATION

FOR MISSOURI DECA USE ONLY					
ACCOUNT	AMOUNT TO BE BILLED	ACCOUNT	AMOUNT TO BE BILLED	APPROVED BY	
				ADJUSTMENTS	
				CHECK CUT (DATE)	