



# EXPENSE REPORT

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

Address, Department, or Job Title \_\_\_\_\_

Reporting Period: \_\_\_\_\_

Item #	Date	Vendor	Item(s) Purchased	Purpose	Amount	Account #
1						
2						
3						
4						
5						
6						
7						
8						
9						

Mileage Reimbursement + 54.5 cents/mile (Effective Jan 1, 2018)

**Total** \$0.00

**Total from other pages** \$0.00

**Total for this report** \$0.00

**Advance Received by Employee**  
 (enter as negative number) 0.00

**Balance Due Employee/Credit Card Company** \$0.00

**Balance Due FMC-USA**

- Expense paid by employee-reimburse to employee
- Expense Charged to FMCUSA Credit Card-Pay Credit Card Service
- Other \_\_\_\_\_

**Budget Distribution Summary:** \_\_\_\_\_ **Authorization:** \_\_\_\_\_

Acct Number	Project ID	Amount

Signature \_\_\_\_\_ Date \_\_\_\_\_

Approval \_\_\_\_\_ Date \_\_\_\_\_

Total: \_\_\_\_\_

Mail expense report to: Debra Hancock, 4805 W Minnesota St, Indpls. IN 46241

Email expense report to: dghancock53@gmail.com