



**NATIONAL SKI PATROL
FAR WEST DIVISION**

EXPENSE REPORT

Claims must be submitted for reimbursement within 60 days of the earliest date of expense claimed.
Receipts must accompany this report for claim approval

Name:	
Program/Position charged:	
Address:	

Date Submitted:	
Date Approved:	
Check Number:	
Approved By:	

Expense Date	Project/Event Description	Travel **			Lodging	Meals	Admin. Expense	Other	Total
		Transportation Fare Cost	Miles	Mileage @ \$.14 mi. per IRS	\$60.00 Per Day Per P&P	\$30.00/day Max	Phone, Postage, etc.		
Expense Totals									

Mail To:
Keith Dickens
FWD Treasurer
e-mail for address:
fwd-treasurer@farwest.org

** Travel must use the lesser of the two amounts.
COMMENTS/ADDITIONAL EXPLANATION

BUDGET STATEMENT	
Less prior claims submitted	_____
Less this claim	_____
BUDGET BALANCE FORWARD	_____