**WEBSTER UNIVERSITY**

Local Expense Report

Date _____

Name:_____

Address:_____

CARS ID#_____

Department:_____

Purpose of Expenditure:_____

_____

_____

_____

_____

Expenses:

| | | |
|---|---|---|
| *Personal Car_____Miles @ .50 per/mile | | $_____ |
| Parking | | $_____ |
| Taxi | | $_____ |
| Meals | | $_____ |
| Others (explain in detail below) | | $_____ |

Total Expenses: $_____

_____

Employee's Signature Date

_____

Management Approval Date

Acct # _____

*show date, miles traveled and destination or explanation for trip. This information may be listed on the back of this form or be shown on an attached schedule.

Adjunct Faculty Please Indicate:

Site_____

Course Title_____

Term_____

**All receipts must be attached**