SC ENA Expense Report

Purpose _____ **TODAY'S DATE:** _____ **TRAVEL DATES:** From _____ To _____

MEMBER INFORMATION:

NAME _____

ENA Chapter _____

REIMBURSE TO (INDICATE WHICH):

MEMBER _____ **OR** SC ENA CREDIT CARD _____

LAST 4 DIGITS OF CREDIT CARD: _____

Date	Description	Hotel	Rental/Taxi	Fuel	Airfare	Meals	Phone	Entertain.	Misc.	Total
										$ -
										$ -
										$ -
										$ -
										$ -
										$ -
										$ -
										$ -
										$ -
										$ -
										$ -
										$ -
										$ -
										$ -
		$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	
									Subtotal	**$ -**
									Advances	
									Total	**$ -**

APPROVAL: _____

MEMBER: _____

NOTES: _____

NOTE: Please submit a separate Expense Report for member-paid reimbursements vs. State ENA Credit Card purchases. ALL FIELDS ARE REQUIRED!

ORIGINAL RECEIPTS MUST BE SUBMITTED WITH FORM IN ORDER TO BE REIMBURSED

Print Date | Time
07/20/2011 | 2:55 PM