UNIVERSITY OF THE SOUTHWEST
EXPENSE REPORT

Employee Name: Jane Doe

Date: 4/6/2019

Date incurred	Description	Account Number	Amount
4/1/2019	Holiday Inn Four nights	10-60300-xxxxx	450.00
4/1-4/5	Meals Per Diem*	10-60300-xxxxx	150.00
4/1/20019	Registrations Fees	10-60300-xxxxx	300.00
4/1-4/5	Fuel*	10-60300-xxxxx	150.00

		Expense Summary	
Jan Doe	*4/6/2019*	**Total**	1050.00
Employee	**Date**		
		Less Advance	1100.00
Supervisor	**Date**		
		Amount due to employee	50.00
Sr Administrator	**Date**		
		Amount due from employee	
President	**Date**		