



Society of Manufacturing Engineers

St Louis Chapter 17

EXPENSE REPORT

Name _____ Phone _____

Address _____

Dates								Totals
Telephone								
Postage								
Automobile								
Parking & Tolls								
Taxi & Bus								
Air Fare								
Lodging								
Breakfast								
Lunch								
Dinner								
Other								

I hereby certify that all expenses claimed above were incurred on official SME business and I am not accepting reimbursement for these expenses from more than one party.

Total Expense	
Cash Advance	
Due Member	
Due Chapter	

Office Use Only
Date:
Check #:

Signature: _____

Approved: _____

Explanations: _____

BE SURE TO ATTACH ORIGINAL RECEIPTS FOR ALL EXPENSES.