Expense Itemization Form

CHECK ONE: ☐ Reimbursement ☐ Closing Cash Advance

Payee: _____

Account Name: _____ Account #: _____ - 12 - 122701- _____

Date	Origin of Recepit/Expense*	Description	Amount

*calculate milage at current standard rate of deduction

TOTAL	
Advanced to Payee	
Amount Due to Budgets	
Amount Due to Payee	

3/24/08