**Expense Form**

| **Name:** |
| --- |
| **Position:** |
| **Date:** |
| **Nature of expense:** |

| **Qty/Amount** | **Expense Description** | **Total** |
| --- | --- | --- |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |

For automobile travel: Enter the miles driven in the qty/amount column, and list MILEAGE as the description. The mileage rate is .41/mile. SHAPEWV does not pay for travel expenses to the state conference.

Please itemize all other expenses (airline tickets, postage, telephone, supplies, etc.) Receipts MUST accompany all submitted expenses.

| **Check number:** |
| --- |
| **Date:** |
| **\*Total amount:**  **\*Subject to Executive Board Approval** |

Updated 11/24/20