

ASSOCIATION FOR CLINICAL PASTORAL EDUCATION, INC.
EASTERN REGION

EXPENSE REPORT

NAME _____

DATE ____/____/____

ADDRESS _____

COMMITTEE / FUNCTION

TRAVEL

DATE								TOTALS
AUTO MILES @ 50 ¢								
AIRFARE								
TAXI/LIMO								
PARKING/TOLLS								
OTHER								
TRANSPORTATION TOTAL								(A)

FOOD

DATE								TOTAL
BREAKFAST								
LUNCH								
DINNER								
FOOD TOTAL								(B)

LODGING

DATE								TOTAL
MOTEL/HOTEL								
LODGING TOTAL								(C)

MISCELLANEOUS

								TOTAL
								(D)

DIRECTIONS

Mail To: Eastern ACPE Region 76 Swarthmore Street Hamden, CT 06517	TRANSPORTATION TOTAL	(A)
	FOOD/MEALS TOTAL	(B)
	LODGING TOTAL	(C)
	MISCELLANEOUS TOTAL	(D)
	TOTAL EXPENSE	

SUBMITTED BY

AUTHORIZED BY

DATE PAID ____/____/____

CHECK NUMBER _____