STATE OF MISSOURI

MONTHLY EXPENSE REPORT

FOR MONTH OF	PAGE _____ OF _____

DO NOT MODIFY RATES OR FORMULAS.

DEPARTMENT/DIVISION OR INSTITUTION	
EMPLOYEE NAME (LAST, FIRST)	VENDOR CODE (LAST 4 DIGITS OF SOCIAL SECURITY NUMBER) XXX-XX-_____

OFFICE ADDRESS	WORK PHONE NO.	UNIT/COUNTY	LOCATION CODE OR DOCUMENT NO.

DATE	FROM/TO & PURPOSE	OVER-NIGHT STAY (X)	RET (X)	STANDARD MILES	FLEET MILES	BREAK-FAST	LUNCH	DINNER	LODGING	OTHER*	TOTAL
	TOTALS OF ABOVE ▸										
	TOTALS FROM OTHER PAGES ▸										

	TOTAL STANDARD MILES ▸		AT 0.620 ¢ PER MILE ▸	
	TOTAL FLEET MILES ▸		AT 0.340 ¢ PER MILE ▸	

TOTAL INSTATE	TOTAL OUTSTATE	TOTAL REIMBURSABLE EXPENSE ▸	
$	$		

DATE	*EXPLANATION OF OTHER				

I hereby certify the above claim is correct, that these expenses were necessary to conduct state business, that payment has been made from personal funds for which I have not been reimbursed, nor will I receive from any source any payment for these expenses.

APPROVAL SIGNATURE		CLAIMANT SIGNATURE		DATE
TITLE	DATE	TITLE	OFFICIAL DOMICILE	

VERIFIED BY AND DATE	FUND	AGCY	ORG/SUB	APPR UNIT	ACTIVITY	FUNCTION	OBJ/SUB	JOB NUMBER	REP CAT	AMOUNT
			/				/			
			/				/			
CODED BY AND DATE			/				/			
			/				/			
			/				/			
CK CATEGORY			/				/			
			/				/			
			/				/			

HAVE YOU OR AN IMMEDIATE FAMILY MEMBER SERVED IN THE U.S. ARMED FORCES? ☐ Yes ☐ No

IF YES, WOULD YOU LIKE INFORMATION ABOUT MILITARY-RELATED SERVICES IN MISSOURI? ☐ Yes ☐ No