



**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 ¢ PER MILE ▶

TOTAL FLEET MILES ▶

AT ¢ 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
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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