



STATE OF MISSOURI
MONTHLY EXPENSE REPORT

DO NOT MODIFY RATES OR FORMULAS.

EMPLOYEE NAME (LAST, FIRST)

FOR MONTH OF

PAGE OF

11. *What is the primary purpose of the following statement?*

VENDOR CODE (LAST 4 DIGITS OF SOCIAL SECURITY NUMBER)

XXX-XX-

OFFICE ADDRESS

WORK PHONE NO.

UNIT/COUNTY

LOCATION CODE OR DOCUMENT NO.

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			/				/			
			/				/			
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CK CATEGORY			/				/			
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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