



Monthly Expense Account For the month of _____, 20____

Type or print in ink

Name _____

Total miles ([A] from worksheet) _____ x _____ cents per mile = \$ _____

Expenses ([B] from worksheet) \$ _____

Total expences \$ _____

Amount of advancement from Drury \$ _____

Total amount due Drury \$ _____

Total reimbursable expenses \$ _____

Account number _____

Signature _____ Date _____

Account administrator _____ Date _____

Appropriate cabinet member _____ Date _____

Return to:
Drury University
Office of Financial Services
Burnham Hall, Room 100
417 873-7389
fax 417 873-6986

