



**EXPENSE REPORT**

<b>Name:</b>	<b>Purpose of Trip or Expense:</b>
<b>Check Payable to:</b>	
<b>Mailing address for check:</b>	
<b>AHIDTA Training #</b>	

**Affiliated Agency:**

Date	Description	Amount*
<b>Total Expenses</b>		

<b>Signature:</b>	<b>Date:</b>
<b>Approval:</b>	<b>Date:</b>

\*Please attach all receipts to this expense report, with the exception of meals. Expenses without a receipt will not be reimbursed.