

D. S. T. A. Member Expense Statement

Name: _____ Date: _____

Purpose: _____

Date	Sunday /	Monday /	Tuesday /	Wednesday /	Thursday /	Friday /	Saturday /	Total Each
Breakfast	\$	\$	\$	\$	\$	\$	\$	\$
Lunch								
Dinner								
Lodging								
Airport/Taxi/Bus								
Plane or Train								
Auto Mileage-(\$)								
Parking								
Tips								
Totals								
# of Miles								

Total _____

Attach Lodging Receipts and Transportation Ticket Stubs

Purchase _____ Total Cost _____

Purchase _____ Total Cost _____
(from above statement)

Other _____ Total Cost _____

Total Expenses Listed on This Page _____

I certify the above information is a true and accurate account of my expenses.

Signature: _____ Date: _____

Authorized? Yes No Line Item _____

Check # _____ Treasurer's Signature _____

Second Designated Check Signer _____