

# 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 \_\_\_\_\_