



**NATIONAL SKI PATROL  
FAR WEST DIVISION**

# EXPENSE REPORT

Claims must be submitted for reimbursement within 60 days of the earliest date of expense claimed.  
Receipts must accompany this report for claim approval

Name:	
Program/Position charged:	
Address:	

Date Submitted:	
Date Approved:	
Check Number:	
Approved By:	

Expense Date	Project/Event Description	Travel **			Lodging	Meals	Admin. Expense	Other	Total
		Transportation Fare Cost	Miles	Mileage @ \$ .14 mi. per IRS	\$60.00 Per Day Per P&P	\$30.00/day Max	Phone, Postage, etc.		
<b>Expense Totals</b>									

Mail To:  
Keith Dickens  
FWD Treasurer  
e-mail for address:  
[fwd-treasurer@farwest.org](mailto:fwd-treasurer@farwest.org)

\*\* Travel must use the lesser of the two amounts.  
**COMMENTS/ADDITIONAL EXPLANATION**  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

BUDGET STATEMENT	
Less prior claims submitted	_____
Less this claim	_____
<b>BUDGET BALANCE FORWARD</b>	_____