

Nebraska Academy of PAs

(Rev 1/25)

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 Email: info@nebraskapa.org

Expense Report

Date: _____

For Treasurer Use:

Name: _____

Date: _____

Address: _____

Check #: _____

City: _____

Amount: _____

State: _____ Zip: _____

Account #: _____

Phone: _____ Fax: _____ E-mail: _____

Expense Purpose: _____

Desc.	Day Dates	Mon	Tues	Wed	Thur	Fri	Sat	Sun	Totals	Account No.
Hotel										
Personal Miles										
Rate 70¢/mile										
Air Fare										
Cab/Bus Travel										
Meals:	*****	*****	*****	*****	*****	*****	*****	*****	*****	
Breakfast										
Lunch										
Dinner										
Totals										

OTHER EXPENSES

Description	Purpose	Amount	Account Number
Phone			
Postage			
Printing			
Supplies			
Registration Fees			
Other			

Note: Receipts are required for all travel and other expenses.

Your Signature: _____ Date: _____ Committee Budget Charged: _____

Committee Chair Signature: _____ Date: _____

Secretary/Treasurer Signature: _____ Date: _____