

## New Orleans Baptist Theological Seminary

Account of expenses incurred by \_\_\_\_\_

Date \_\_\_\_\_

For attending the \_\_\_\_\_

Account # \_\_\_\_\_

DATE MO/DAY	BUSINESS PURPOSE/DESCRIPTION	TRANSPORTATION FROM	TO	AMOUNT	LODGING	MEALS	INCIDENTALS	TOTAL
					<b>TOTALS</b>			

NOTE: Kindly itemize expenses day by day. Attach supporting documents. See that the footings of each column balance with the total. Please charge 47 cents per mile, if traveling by automobile.

**Supervisory Approval** \_\_\_\_\_