



La Crosse DCCW Expense Report

At a meeting: Give to Treasurer

Any other time: Mail to President

Date Submitted: _____

Name: _____

Office: _____

Address: _____

Phone: _____ Email: _____

Mileage at \$0.625 (# miles): _____ For (Purpose) _____

Mileage at \$0.625 (# miles): _____ For (Purpose) _____

Mileage at \$0.625 (# miles): _____ For (Purpose) _____

*Postage \$: _____ For (Purpose) _____

*Office Supplies \$: _____ For (Purpose) _____

*Office Supplies \$: _____ For (Purpose) _____

*Office Supplies \$: _____ For (Purpose) _____

*Lodging \$: _____ For (Purpose) _____

*Telephone \$: _____ For (Purpose) _____

*Other (Describe Completely):

Date Paid _____

Check # _____

Amount Paid \$ _____

***Receipts must be provided.**