Expense Report

IHSSN
650 S. PRAIRIE VIEW DR. STE. 125
WEST DES MOINES, IOWA 50266

Name _____ Event _____ Date _____

Date	Account	Description	Hotel	Transport	Fuel	Meals	Phone	Entertainment	Misc.	Total
										$ -
										$ -
										$ -
										$ -
										$ -
										$ -
										$ -
										$ -
										$ -
										$ -
										$ -
										$ -
										$ -
			$ -	$ -	$ -	$ -	$ -	$ -	$ -	
									Subtotal	$ -
									Advances	
									Total	$ -

APPROVED: _____

NOTES: _____