Name: _____
(Please Print)

	CAN		**RRMTF**
	GEN. ADMIN.		**MMF**
	FDM		

RRM FOUNDATIONS
OUT-OF-TOWN EXPENSE REPORT

Expense Recap	
Detailed Expenses (A)	
Less: Advances	**( )**
Less: Company Paid Expenses	**( )**
Total Due: **( )Company** **( )Employee**	**(B)**

Date:																					**Totals**
Hotels																					
Transportation																					
Car Rental																					
Tips																					
Telephone																					
Taxi																					
Breakfast																					
Lunch																					
Dinner																					
Other* **																					
TOTAL																					(A)

Expense Account Coding	
610100	
Total: Must Equal (B)	

Destination:					**Departure Date:**			**Return Date:**			
Business Purpose:											
Expense Justification:											
Submitted By:						**Approved By:**					