

**Expense Report**

**Clarendon College**  
P.O. Box 968  
Clarendon, Texas 79226

Employee Name: \_\_\_\_\_ Title: \_\_\_\_\_

Date:	Description	Mileage	Rate	Mileage Expense	Other Transport	Breakfast	Lunch	Dinner	Hotel	Other/ Misc	Total
			\$ 0.49								
			\$ 0.49								
			\$ 0.49								
			\$ 0.49								
			\$ 0.49								
			\$ 0.49								
			\$ 0.49								
			\$ 0.49								
			\$ 0.49								
			\$ 0.49								
			\$ 0.49								
			\$ 0.49								
			\$ 0.49								
			<b>Totals</b>								

I certify that the above expenses are true and correct and were incurred by me in the performance of my official duties in accordance with policies of the Board of Regents.

**Advances from Clarendon College**  
**Total Due**

Per Diem Rates: \$30.00 per day for meals: \$80.00 per night for motels.

Please attach all receipts or statements to this report; Hotel/Motel receipt required for motel reimbursement.

Employee Signature: \_\_\_\_\_

