



DECA Expense Report

Name:
Title:
Address:
City/State Zip:
Phone:

| | DATE: | FROM: | TO: | MILES: | DESCRIPTION/COMMENTS: | |
|---------------------------------|---------------------|------------|-----------------|-----------------------|-----------------------|---------------|
| Mileage: | | | | | | \$0.00 |
| | | | | | | \$0.00 |
| | | | | | | \$0.00 |
| | | | | | | \$0.00 |
| MILEAGE SUBTOTAL: | | | | | | \$0.00 |
| | CHECK IN: | CHECK OUT: | HOTEL/LOCATION: | DESCRIPTION/COMMENTS: | | |
| Lodging: | | | | | | |
| | | | | | | |
| LODGING SUBTOTAL: | | | | | | \$0.00 |
| Other: | DESCRIPTION: | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| OTHER EXPENSES SUBTOTAL: | | | | | | \$0.00 |
| TOTAL EXPENSES: | | | | | | \$0.00 |

| SIGNATURE: | DATE: |
|------------|-------|
| | |

I certify these expenses were for travel or work for Indiana DECA.

| For Office Use Only | |
|---------------------|--|
| Approved by | |
| Account # | |
| Check # | |
| Total | |

Please attach all original receipts and Mapquests. Be sure to make copies for yourself and mail to Janice Brown at 12631 West Road, Zionsville, Indiana 46077

Revised February 12, 2017