



Code: DJFA-AR(1)
Revised/Reviewed: 7/15/10

Business Expense (Bank Card) Claim

Name _____ Office _____

Time Period Covered: From _____ To _____
(Inclusive)

Please list each expenditure separately. Attach receipts for all lodging and other disbursements.

Date	Item	Account Code	Auto Expense	Meals	Lodging	Transportation	Miscellaneous
TOTALS:							

Total amount due this bank card statement: \$ _____

Date Submitted _____ Submitted By _____

Date Approved _____ Approved By _____