Shawnee Community College

Mastercard Expense Report

[Please Attach An Agenda In Regards To Conference Title]

Credit Card Holder's Name: _____

Employee: _____ Meeting Location: _____

Department: _____ Date From: _____

Trip Purpose: _____ Date To: _____

Conference Title: _____

Date	Vendor Name	Gas	Lodging	Meals	Other	Total
	Account Number (list below)					
	TOTALS					

Employee Signature: _____ Date: _____

Supervisor Signature: _____ Date: _____

Entertainment, Alcoholic Beverages, Or Any Expenses Related To Guest Accompaniment Are Not Reimbursable. Attached Additional Sheets If Necessary To Document Travel. Receipts Must Be Attached.