



SLOFIST, Inc.
Expense voucher

CLAIMANT'S NAME			RANK	CELL PHONE		
POSITION (Student, Instructor, etc.)			AGENCY NAME	HOME PHONE		
RESIDENCE ADDRESS			AGENCY ADDRESS	AGENCY PHONE		
CITY	STATE	ZIP CODE	CITY	STATE	ZIP CODE	

Expense	Day 1	Day 2	Day 3	Day 4	Day 5	Day 6	Day 7	TOTALS
Date (M/D/YY)								
Rental Vehicle								\$ -
Personal Vehicle								\$ -
Taxi Fare, etc.								\$ -
Lodging								\$ -
Breakfast								\$ -
Lunch								\$ -
Dinner								\$ -
Daily Per Diem								\$ -
Business Meals								\$ -
Telephone								\$ -
Parking and Tolls								\$ -
Gasoline								\$ -
Other list below								\$ -
Other list below								\$ -
Other list below								\$ -
Other list below								\$ -
Other list below								\$ -
Other list below								\$ -
Other list below								\$ -
Other list below								\$ -
Other list below								\$ -
Other list below								\$ -
Other list below								\$ -
Other list below								\$ -

Daily Totals	\$	-	\$	-	\$	-	\$	-	\$	-	\$	-	\$	-	\$	-	\$	-	Claim Total	\$	-
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Remarks/Explanations:

SLOFIST CFO USE ONLY

Signature of officer approving claim.

Attach original receipts for all claims.