

**PUSHMATAHA HOSPITAL**

Antlers, OK  
Expense Report

(ATTACH ALL RECIEPTS TO BE REIMBURSED [excl Mileage Claims require Mapping printout])

Name: \_\_\_\_\_  
Week Ending \_\_\_\_\_  
Date: \_\_\_\_\_

Address \_\_\_\_\_  
Position/Dept \_\_\_\_\_

Date	Destination(s)	Other(s) Attending <small>(Use if meal/expenses bought for others; use back for add'l space)</small>	Travel Purpose <small>(Use back for additional space)</small>	Miles Traveled	Mileage Rate/mi	Mileage Amount	Meal(s) / Incidental(s) <small>(up to \$50/day/pers)</small>	Other <small>(Tolls, parking, airfare, taxi, etc)</small>	Amount	Daily Total
					0.575	-				\$ -
					0.575	-				\$ -
					0.575	-				\$ -
					0.575	-				\$ -
					0.575	-				\$ -
					0.575	-				\$ -
					0.575	-				\$ -
					0.575	-				\$ -
					0.575	-				\$ -
					0.575	-				\$ -
					0.575	-				\$ -
					0.575	-				\$ -
					0.575	-				\$ -
					0.575	-				\$ -
<b>Totals</b>	XXXXX	XXXXX	XXXXX	-		-		XXXXX		\$ -

I hereby certify that this is a true statement of miles driven and travel expense for the month of \_\_\_\_\_, 20\_\_\_\_

Signed: \_\_\_\_\_

Approved: \_\_\_\_\_

\*Note: all trips over 500 miles one way or \$2,000 needs to have Board Member approval: \_\_\_\_\_

Less: Advance Issued \_\_\_\_\_

Less: Hospital Paid \_\_\_\_\_

Reimbursement / (Refund) due: \$ -