CHECK REQUEST FOR

1) Expense Advance _____

Expense Reimbursement _____

Other _____

2) Name, dates, location, conference, or reason for expense, C.E.U.'s earned; etc.:   Dept. No.: _____

Employee Name: _____   Dept.: _____

Reason for Expense (show dates, location, Conference or Seminar, CEU's earned, or other justification, Use Remarks section for more space.)

3) DAY/DATE																		
4) FROM - TO. OR LOCATION																		
EXPENSES (Except where noted, attach receipts for expenditures of $10.00 or more)																		Total
5) Mileage - Personal Auto																		
6) Mileage Amount @ /mile																		
7) Parking, Tolls																		
8) Air Fare (Receipt Required)																		
9) Taxi, Bus, Limo																		
10) Auto Rental																		
11) Lodging (Receipt Required)																		
12) Breakfast																		
12) Lunch																		
12) Dinner																		
13) Tips																		
14) Telephone, Telegram																		
15) Registration																		
16) Company Vehicle, gas, oil																		
17) Other																		
18) TOTAL																		

25) Remarks

19) Less Hospital Paid:	Amount	
Air Fare		
Registration		
Cash Advance		
Other:		
20) Hospital Paid Total		

21) Amount Due CCH, Inc. (If line 20 is more than line 18) _____

22) Amount Due Employee (If line 18 is more than line 20) _____

Make Check Payable To:

23) Submitted by: Signature, Date

24) Charge To: Department	Account No.	Amount
Approval, Initials & Date		

26) Dept. Mgr.	28) Finance: Rcvd.			
27) Administrator	Audit			
	29) Paid, Ck. # , Date			

DESCRIPTION	ACCOUNT	DEBIT		CREDIT	

EXPLANATION _____

_____

_____

_____

_____

Closing Month _____ Date Posted _____

Voucher Prepared By   Voucher Posted By

_____   _____

Voucher Approved By   Voucher & Ticket No.

_____   _____