

Family Child Care Partnerships
Bi-Weekly Expense Report

Employee Work Copy

FY09

Name _____ Banner ID # _____

Reimbursement Period (dates) during which expenses were incurred:

Purpose of Purchase: Family Child Care Partnerships - Mentor Bi-Weekly Expenses

70265 - Travel & Mileage _____ @ **.55** \$ _____
Attach odometer readings

70070 - Postage / Mailing Attach Receipts \$ _____

70080 - Phone Charges Attach Bill \$ _____

70851 - Copies / Printing Attach Receipts \$ _____

70935 - Office Supplies Attach Receipts \$ _____
(No Prior Approval)

70940 - Discretionary Funds Attach Receipts \$ _____
(No Prior Approval)

Total Amount Claimed \$ _____

Basic Skills Trainer

Signature _____ Job Title _____ Date _____