

EXPENSE REPORT

ATTACHMENT #7a

Name:	Report Period:	Purpose:
Event:	Place:	

For SBIR Travel Only

Date	City and State	Lodging		Lodging Excess		Meal Per Diem		Entertainment & Business Meals (Itemized Below)		Airfare/Milage		Car Rental/Taxi		Parking/Tolls		Phone/Fax		Miscellaneous (Itemized Below)		Daily Total		
TOTALS:																						
(Government approved per diem rates for the tavel city- http://www.gsa.gov)																		Less Advance				
																		Total				

ENTERTAINMENT AND BUSINESS MEALS

Date	Name, Company, Title of Person(s) Entertained	Business Discussed	Time and Place	Amount	% Allocated to Business

MISCELLANEOUS EXPENSES

Date	Item	Amount

I hereby certify that the above is a true and accurate account of my expenses in connection with the stated company business.

Signature: _____ Date: _____

Approved: _____ Date: _____

