

EXPENSE REPORT



Name: _____
Department: _____
From: _____
To: _____

Purpose of expense:

369 New Lots Ave,
Brooklyn NY 11207

Mailing Address:
P.O. Box 070-131
Brooklyn NY 11207

Phone: 718 257 5494
Fax: 718 240 1754

*Touching,
Teaching, and
Transforming Lives*

Date	Description	Transportation/ Mileage	Lodging	Meals	Other	Total
Column Totals					Subtotal	
					Less Cash advanced	
					Total owed to you	
					Total due	

All expense requests must have prior approval by the finance department, or the expense will not be refunded and it will be considered non HCC related expense.

Employee signature: _____ Date: _____
 Approved by: _____ Date: _____

Date	Person(s) Entertained	Title	Business Purpose	Name of Place	Total
All receipts must be attached to expense form.					Total