



King County Water District No. 90

**EXPENSE REPORT**

Name: \_\_\_\_\_

Purpose of Trip: \_\_\_\_\_  
 \_\_\_\_\_

Date	Description	Paid By		Hotel	Airfare	Mileage		Taxi Parking	Misc.	Food
		District	Employee			# Miles	\$ Amount			
		<input type="checkbox"/>	<input type="checkbox"/>							
		<input type="checkbox"/>	<input type="checkbox"/>							
		<input type="checkbox"/>	<input type="checkbox"/>							
		<input type="checkbox"/>	<input type="checkbox"/>							
		<input type="checkbox"/>	<input type="checkbox"/>							
		<input type="checkbox"/>	<input type="checkbox"/>							
		<input type="checkbox"/>	<input type="checkbox"/>							
		<input type="checkbox"/>	<input type="checkbox"/>							
		<input type="checkbox"/>	<input type="checkbox"/>							
		<input type="checkbox"/>	<input type="checkbox"/>							
		<input type="checkbox"/>	<input type="checkbox"/>							
		<input type="checkbox"/>	<input type="checkbox"/>							
<b>Totals</b>										

<b>Additional Information:</b>	Expenses _____
	Advances _____
	You Owe KCWD90 _____
	KCWD90 Owes You _____

\_\_\_\_\_  
**EMPLOYEE SIGNATURE**

\_\_\_\_\_  
**APPROVAL SIGNATURE**

Attach Google or IMAP to confirm mileage distances.  
 Attach copies of Adgenda/Meeting Announcements.  
 #N/A