

Family Child Care Partnerships
Bi-Weekly Expense Report

Employee Work Copy

FY13

Name: _____ Banner ID #: _____

Reimbursement Period (dates: _____) during which expenses were incurred:

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

Expenses: 220139 146700 2000 HF (Week)

70265 - Travel & Mileage _____ @ **.565** \$ _____
(Attach odometer readings)

70070 - Postage/Mailing Attach Receipts \$ _____

70080 – Phone/Fax Charges Attach Bill \$ _____

70851 - Copies/Printing Attach Receipts \$ _____

70940 – Discretionary Funds/
Lab Supplies Attach Receipts \$ _____

_____ \$ _____
(Write “only claiming” & Initial)

Basic Skills Trainer

Signature

Job Title

Date

Rev. 01/2013