

AORN RICHMOND AREA EXPENSE REPORT

Name: _____

Date of Trip: _____

Purpose of Trip: _____

Date	Description	Airfare	Hotel	Meals	Gratuities	Taxis, etc	Other		Totals
Totals:									
								Advances	
								Total Due	

Signature: _____

Please turn in to the Treasurer within 14 days of return from trip. Include receipts for all expenses claimed.