

**EXPENSE REPORT FOR SPRINGDALE FIRE DEPARTMENT**

Employee Name: \_\_\_\_\_  
 (Please Print)

Date: \_\_\_\_\_

Daily Expenses For Week Of: \_\_\_\_\_

Class: \_\_\_\_\_

ITEM	SUN	MON	TUE	WED	THU	FRI	SAT	TOTAL
Breakfast								
Lunch								
Dinner								
Tips								
Transportation								
Lodging Expense								
Airfare if Applicable								
<b>Daily Total</b>								
<b>TOTAL</b>								

NOTES	
<b>TOTAL</b>	

**TOTALS**

<b>TOTAL FROM ABOVE</b>	
<b>MINUS ADVANCE</b>	
<b>TOTAL DUE (please check one) ( ) CITY OR ( ) EMPLOYEE</b>	

\_\_\_\_\_  
**Employee Signature**

\_\_\_\_\_  
**Approved By**