AFS-USA, Inc. EXPENSE REPORT

NAME	
ADDRESS	
CITY,STATE,ZIP	

ID No. (If Known)	
FROM (MM/DD/YY)	TO (MM/DD/YY)

TYPE	CHECK
STAFF	X
VOLUNTEER	

DATE/S (MM/DD/YY)	TYPE AND PURPOSE OF TRIP OR EXPENDITURE	AUTO MILES	AMOUNT	ACCOUNTING CODES						
				OBJECT	ID	COST CENTER	PROJ	SUB PROJ	PRODUCT/ PROGRAM	SITE

TOTAL EXPENDITURES	-
TOTAL OF ADVANCE/S	
AMOUNT DUE TO AFS, OR	-
AMOUNT DUE FROM AFS	-

PLEASE SEE REVERSE SIDE FOR EXPENSE REPORT PROCEDURES

NAME SIGNATURE DATE

APPROVED SIGNATURE DATE

If you wish to contribute the total amount or any portion of this expense report to AFS-USA, Inc., please check the following box and indicate on the report the amount to be contributed. **.....** ☐

F - ER (11/96)

AFS-USA, Inc. EXPENSE REPORT

NAME	-
ADDRESS	-
CITY,STATE,ZIP	-

ID No. (If Known)	
FROM (MM/DD/YY)	TO (MM/DD/YY)
1/0/00	1/0/00

TYPE	CHECK
STAFF	x
VOLUNTEER	-

DATE/S (MM/DD/YY)	TYPE AND PURPOSE OF TRIP OR EXPENDITURE	AUTO MILES	AMOUNT	ACCOUNTING CODES						
				OBJECT	ID	COST CENTER	PROJ	SUB PROJ	PRODUCT/ PROGRAM	SITE

TOTAL EXPENDITURES	-
TOTAL OF ADVANCE/S	-
AMOUNT DUE TO AFS, OR	-
AMOUNT DUE FROM AFS	-

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