Living Alternatives for the Developmentally Disabled, Inc.

LADD

Employee Name		Start Date	End Date

***** Items must have receipts attached ***** ***** *****

Date	PURPOSE Include names, titles, organization and relationship.	DESCRIPTION Business purpose of the meal or other business event.	Dept. and Code	Miles Traveled	Hotel or Room	Meals	Other Expenses
		TOTALS					

Total Miles Driven @ company approved rate

I hereby certify that all items of expense included in this statement were incurred in the performance of authorized official business.