EXPENSE FORM
Kansas Babe Ruth Leagues

TRAVEL:

Personal auto _____ miles @ $.25/mile **$_____**
(Describe cities, persons, leagues visited, purpose, and date)

_____

_____

***Turnpike fees:** _____ **$_____**

***LODGING:** _____ **$_____**

***MEALS:** _____ **$_____**

***TELEPHONE:** _____ **$_____**

_____

***POSTAGE/FAX:** _____ **$_____**

***PHOTOCOPYING/PRINTING:** _____ **$_____**

***MISCELLANEOUS:** _____ **$_____**

_____

**Please attach receipts*

TOTAL EXPENSE DUE: $_____

Expense payment requested by: _____ **Date:** _____
Signature

Approved by: _____
State Commissioner

Paid Date: _____ **Check #:** _____