Expense report

PURPOSE: _____ **MEETING DATE :** _____

CONSULTANT INFORMATION:

Name _____ Position _____ SSN _____

Address: _____

_____

_____

Return to: **Amy McClung**
The Thomas Jefferson Center for the Protection of Free Expr
400 Worrell Drive
Charlottesville, VA 22911

Date	Description	Hotel	Transport	Mileage	Meals	Phone	Misc.	Total
							Subtotal	
							Advances	
							Total	

APPROVED: _____ **NOTES:** _____