



# ICCC EXPENSE REPORT

Office of the Treasurer  
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Name \_\_\_\_\_ Date \_\_\_\_\_

Address \_\_\_\_\_ City & State \_\_\_\_\_

Purpose of Expense \_\_\_\_\_

## MILEAGE Acct. # XX11

Total miles driven in personal vehicle \_\_\_\_\_ miles @ \$ \_\_\_\_\_ \$ \_\_\_\_\_

## PER DIEM Acct. # XX12

Total # of days \_\_\_\_\_ @ \$25.00 per day \$ \_\_\_\_\_

## LODGING Acct. #XX13

Total # of nights in hotel \_\_\_\_\_ @ \$ \_\_\_\_\_ per night \$ \_\_\_\_\_  
(Please attach or submit a copy of the receipt)

## Transportation Acct. # XX51

All Transportation expenses must include a copy of receipt. \$ \_\_\_\_\_  
Taxi Cab, City Bus, or Subway will need documentation.

Total expenses \$ \_\_\_\_\_

In-Kind expenses subtract \$ \_\_\_\_\_  
This is for credit on personal taxes and accounting.

Total to be reimbursed \$ \_\_\_\_\_

Date paid \_\_\_\_\_ Check # \_\_\_\_\_