



GRANTS FOR ORGANIZATIONS PROGRAM
Panel Expense Report
This form may be duplicated as necessary.

INSTRUCTIONS: Complete one block for each site evaluation. Describe and list amounts for each non-mileage expense. **Overnight lodging and meal expenses must be pre-approved before travel. For reimbursement purposes, please provide receipts.** Bring this completed form with you to the panel meeting.

Panelist Name		Discipline	
Panelist Signature		Date	
Organization		Organization	
Date of Visit		Date of Visit	
Miles – round trip		Miles – round trip	
Other Expenses – description and amount		Other Expenses – description and amount	
	\$		\$
	\$		\$
	\$		\$
	\$		\$
TOTAL	\$	TOTAL	\$
Organization		Organization	
Date of Visit		Date of Visit	
Miles – round trip		Miles – round trip	
Other Expenses – description and amount		Other Expenses – description and amount	
	\$		\$
	\$		\$
	\$		\$
	\$		\$
TOTAL	\$	TOTAL	\$

FOR MSAC STAFF USE ONLY:			
Site Visit Reimbursement Amount:	\$	Total Amount of Reimbursement:	\$
Panel Meeting Reimbursement Amount:	\$	Fiscal Officer Approval Date:	
Mileage Reimbursement Amount:	\$	Reimbursement Processed Date:	
Other Reimbursement Amount:	\$		