CALIFORNIA AVOCADO COMMISSION

12 Mauchly, Ste. L, Irvine, CA 92618

(949) 341-1955 | Fax (949) 341-1970

Expense Report #

Name:

Week Ending:

Date ER Prepared:

Purpose:

Travel Related Expenses:		Sunday		Monday		Tuesday		Wednesday		Thursday		Friday		Saturday		TOTALS	
Date																	
Expense City/State																TOTALS	
Travel Related Expenses:																	
Airline																$	-
Airline Proc. Fee																$	-
Lodging																$	-
Breakfast																$	-
Lunch																$	-
Dinner																$	-
Snacks																$	-
Rental Car																$	-
Gas																$	-
Parking																$	-
Misc. Auto																$	-
Taxi																$	-
Tips																$	-
Entertainment																$	-
Mileage @ $0.70/mile																$	-
Misc.																$	-
Sub-Total Travel		$ -		$ -		$ -		$ -		$ -		$ -		$ -		$	-
Office Expenses:																	
																$	-
																$	-
																$	-
																$	-
Subtotal Office Exp		$ -		$ -		$ -		$ -		$ -		$ -		$ -		$	-
Totals:		$ -		$ -		$ -		$ -		$ -		$ -		$ -		$	-

EXPLANATIONS	Please use this section to provide explanations for all "Misc." & Entertainment Expenses. Entertainment MUST include: who, where, time and business discussed.	Grand Total

Board Member Signature: _____ Date: _____

Approval Signature: _____ Date: _____

	Accounting Use Only		
	Account #	Account Description	Totals
			$ -
			$ -
			$ -
			$ -
		TOTAL DUE:	$ -
		Expense Report Number:	