

EASTERN PANHANDLE INSTRUCTIONAL COOPERATIVE

109 S. College St.
Martinsburg, WV 25401
EXPENSE ACCOUNT

Name: _____	Program: EPIC	Account: _____	Total: \$ -
Address: _____	Employee ID or vendor # _____	Account: _____	Total: \$ -
_____	_____	Account: _____	Total: \$ -
Month, Yr: _____	_____	Account: _____	Total: \$ -
		Account: _____	Total: \$ -
			TOTAL: \$ -

2025 Mileage Rate \$ 0.70

Date	Travel Destination (To-From), Purpose/Reason-Be Specific	OTHER EXPENSE DESCRIPTION	MILEAGE	AMOUNT	HOTEL	MEALS	OTHER EXPENSES	TOTAL
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TOTALS FOR THE MONTH OR TRIP				\$ -	\$ -	\$ -	\$ -	\$ -

I, the undersigned, do solemnly swear that the above expense account is just, accurate and true and is claimed for cash expended for the purpose named in this statement.

Please attached all original receipts.

SIGNATURE (PLEASE SIGN IN BLUE INK)

APPROVED BY