



**CALIFORNIA AVOCADO COMMISSION**  
 2271 W. Malvern Ave., PMB 234 Fullerton, CA 92833  
 (949) 341-1955

**Expense Report #**

**Name:**

**Week Ending:**

**Date ER Prepared:**

**Purpose:**

	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	
Date								
Expense City/State								<b>TOTALS</b>

<b>Travel Related Expenses:</b>								
Airline								\$ -
Airline Proc. Fee								\$ -
Lodging								\$ -
Breakfast								\$ -
Lunch								\$ -
Dinner								\$ -
Snacks								\$ -
Rental Car								\$ -
Gas								\$ -
Parking								\$ -
Misc. Auto								\$ -
Taxi								\$ -
Tips								\$ -
Entertainment								\$ -
Mileage @ \$0.725/mile								\$ -
Misc.								\$ -
<b>Sub-Total Travel</b>	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -

<b>Office Expenses:</b>								
								\$ -
								\$ -
								\$ -
								\$ -
<b>Subtotal Office Exp</b>	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
<b>Totals:</b>	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -

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

Board Member Signature: _____	Date: _____	<b>Accounting Use Only</b>		
		<b>Account #</b>	<b>Account Description</b>	<b>Totals</b>
Approver Signature: _____	Date: _____			\$ -
				\$ -
				\$ -
				\$ -
				\$ -
				\$ -
		<b>TOTAL DUE:</b>		\$ -
		<b>Expense Report Number:</b>		