STATE OF MISSOURI
MISSOURI DEPARTMENT OF NATURAL RESOURCES
SOLID WASTE MANAGEMENT FORM

EXPENSE TRACKING FORM

PROJECT NUMBER:	PERIOD FROM:	PERIOD TO:

FIRST CHECK THE APPROPRIATE CATEGORY BOX , THEN PROVIDE THE REQUISITE EXPENSE INFORMATION (USE INDIVIDUAL FORMS FOR EACH CATEGORY)

PERSONNEL ☐	PROFESSIONAL SERVICES ☐	EQUIPMENT ☐	SUPPLIES ☐	TRAVEL ☐	OTHER ☐

Date of Payment	Work Period / Invoice #	Employee Name / Vendor Name	Description of Expense	Amount Paid ($)	Check #	DNR FUNDS ($)	Match Funds ($)	Match-in-Kind ($)

TOTAL DNR FUNDS: $ _____