

TRAVEL EXPENSE REPORT

(Must be submitted within thirty (30) working days of incurring expense. Allow 4 weeks for processing)

Date:

NAME OF PERSON (S):

DESTINATION OF FUNCTION:

ACTUAL DATE & TIME LEAVING:

ACTUAL DATE & TIME RETURNING:

FUNCTION START DATE: END DATE:

NUMBER OF DAYS ON TRIP: NUMBER OF NIGHTS:

(CONFERENCE, CONVENTION, WORKSHOP, MEETING, TRAINING, OTHER)

TRANSPORTATION:

Distance KM@ 0.61/KM Lesser of Personal or Rental Estimated Rental Cost

AIRFARE (Receipts Are Required)

VEHICLE TYPE Other: PARKING, TAXI, GAS (Receipts Are Required)

REGISTRATION FEE (Receipts Are Required)

ACCOMMODATION:

Number of nights	<input type="text"/>	Total Cost	<input type="text"/>	<input type="text"/>
Number of nights	<input type="text"/>	Total Cost	<input type="text"/>	<input type="text"/>
Number of nights	<input type="text"/>	Total Cost	<input type="text"/>	<input type="text"/>
Total	<input type="text"/>	Total		<input type="text"/>

MEALS:

Date	Breakfast Receipt Total	Lunch Receipt Total	Dinner Receipt Total	
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	
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<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	
			Total	<input type="text"/>

Expenses to be Charged to: Total

ACCOUNT NUMBER:

Are any of these cost eligible for reimbursement from any other organization, etc.

SPECIAL NOTES:

**Please attach course agenda, itinerary, lunches, etc. to this form.

Originated by	<input type="text"/>	Date :	<input type="text"/>
Authorized by	<input type="text"/>	Date :	<input type="text"/>
Designated Signing Authority			