

TRAVEL EXPENSE REPORT

		(Must be submitted wi	umi umiy (30) wo	rking days o	i incurring expe	iise. Allow	•	· · · · · · · · · · · · · · · · · · ·		
		(a)					Da	ate:		
NAME OF		` '								
		F FUNCTION:								
		TIME LEAVING:								
		TIME RETURNIN	G:			1				
FUNCTION START DATE:] 1	END DA	-			
		YS ON TRIP:				1	MBER OF NIGH			
		ENCE, CONVE	NTION, WOF	RKSHOP	, MEETING					
TRANSP	ORTAI	TON:	_			Lesse	er of Personal or	Rental	Estimated Re	ntal Cost
Distance			KM@).50/KM					BASED ON \$85 A DAY AN	
				AIRFARE	<u> </u>			(Receipts Are F	
VEHICLE TYP				Other: PA	RKING, TA	XI, GAS	;	(Receipts Are F	Required
REGISTRATION FEE					•	·			Receipts Are I	
INE OIO I I								(neceipts Are i	required
MEALS:	Date	Total	Total Breakfast Receipt Total		Lunch Receipt Total		Total Dinner Receipt To		ıl	
] [
				+						
							Total			
		7	Total							
xpenses to	be Char	ged to:	Otal							
,	ACCOUN	IT NUMBER:								
,	Are any o	of these cost eligibl	e for reimburse	ement fron	n any other o	ganizatio	n, etc.			
SPECIAL N	NOTES	:								
		**Dlooso attach	ource agenda	itinoranı l	unchas ats t	a this form	.			
		**Please attach o	.ourse agenda,	iunerary, I	unches, etc. t	o uns forr	1]
		originated by					Date :			
	A	Authorized by					Date :			
			Designated Sig	ning Auth	ority					