TRAVEL REIMBURSEMENT EXPENSE REPORT FORM

Date Turned In: _____________

Name/Title: ___________________________________________ ID# ________________
Address: ______________________________________________

Destination: __________________________ Conference: Yes ____ No ____
Reason for Travel: ______________________________________

Date & Time of Departure: ___________ To/From: ________________
Date & Time of Return: ______________ Rode with: _______________
# Miles (Personal Auto): ______________ Motor Pool: ____________
Account Number to Charge: _________________________________

EXPENSES

(DAY 1) DATE: __________________________

Lodging Amount: $ _______________ Name of Hotel: _______________________
M&IE Amount $ _______________ Conference Hotel: Yes ____ No ____
If shared room, name/affiliation of person: ___________________________

Phone calls (whom called and reason): _____________________________
Other Daily Expenses*: ________________________________________

(DAY 2) DATE: __________________________

Lodging Amount: $ _______________ Name of Hotel: _______________________
M&IE Amount $ _______________ Conference Hotel: Yes ____ No ____
If shared room, name/affiliation of person: ___________________________

Phone calls (whom called and reason): _____________________________
Other Daily Expenses*: ________________________________________

(DAY 3) DATE: __________________________

Lodging Amount: $ _______________ Name of Hotel: _______________________
M&IE Amount $ _______________ Conference Hotel: Yes ____ No ____
If shared room, name/affiliation of person: ___________________________

Phone calls (whom called and reason): _____________________________
Other Daily Expenses*: ________________________________________

*Other daily expenses include taxi, limo, tolls, baggage handling, porter, parking, conference, rental car, gas (when renting a car), etc.

Remember to keep receipts for gas (rental cars only), tolls, taxi, parking, and boarding passes
(DAY 4) DATE: ______________________

Lodging Amount: $ ____________________ Name of Hotel: ______________________________

M&IE Amount $ ____________________ Conference Hotel: Yes ___ No ___

If shared room, name/affiliation of person: ______________________________

Phone calls (whom called and reason): ______________________________

Other Daily Expenses*: ______________________________

(Reimbursement for personal vehicle mileage: 42¢ per mile when state vehicle is available and the trip is more than 100 miles round trip
58.5¢ per mile when round trip is less than 100 miles
58.5¢ per mile when Motor Pool vehicle is not available.
(Motor Pool must provide a certification)

Other Daily Expenses*: ______________________________

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(Motor Pool must provide a certification)

If shared room, name/affiliation of person: ______________________________

Other Daily Expenses*: ______________________________

Lodging Amount: $ ____________________ Name of Hotel: ______________________________

M&IE Amount $ ____________________ Conference Hotel: Yes ___ No ___

If shared room, name/affiliation of person: ______________________________

Phone calls (whom called and reason): ______________________________

Other Daily Expenses*: ______________________________

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Other Daily Expenses*: ______________________________