

Travel/Work Expense Report

Name _____ Date _____

Destination _____

Purpose _____

Departure Date _____ Time _____

Return Date _____ Time _____

Total Miles _____ Total Hours of Assignment Time _____

Signature _____

This form must be filled out and presented to the treasurer, with receipts, within two weeks after returning. Receipts and reimbursement forms may be scanned or photographed and emailed to the treasurer in order to facilitate prompt turn around, however, the treasurer will need the original receipts prior to making payment.

Attached Receipts \$ _____

Per Diem Rate _____ Total Per Diem \$ _____

Per Diem prepaid _____ \$ _____

Mileage Rate _____ Mileage Total \$ _____

Hours Paid _____ x Rate \$ _____ = _____ - taxes = \$ _____

Date Paid _____ Check# _____ Total Paid \$ _____