



TRAVEL EXPENSE REPORT

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

Please refer to APT014 Trustee Support Services for details and mileage.

DATE:

NAME OF PERSON (S):

FUNCTION DESCRIPTION OR TITLE

DESTINATION OF FUNCTION:

ACTUAL DATE & TIME LEAVING:

TIME LEAVING:

ACTUAL DATE & TIME RETURNING:

TIME RETURNED:

FUNCTION START DATE:

END DATE:

TRANSPORTATION:

VEHICLE TYPE

Distance KM@ 0.70/KM

AIRFARE (Receipts Are Required)

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

ACCOMMODATION:

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

(Receipts Are Required) TOTAL ACCOMODATIONS

MEALS:

| Date | Breakfast Eligible | Lunch Eligible | Dinner Eligible |
|----------------------|--------------------------|--------------------------|--------------------------|
| <input type="text"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| <input type="text"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| <input type="text"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
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| <input type="text"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| <input type="text"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

TOTAL MEALS

**** PLEASE ATTACH FUNCTION AGENDA TO THIS FORM**

Expenses to be Charged to:

TOTAL EXPENSES

ACCOUNT NUMBER:

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

SPECIAL NOTES:

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