

TRAVEL EXPENSE REPORT

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

				DATE:		
NAME OF PER	SON (S):					
DESTINATION	OF FUNCTION:					
FUNCTION STA TRANSPORTA VEHICLE TYP	ATION:			END DATE:		
Distance		KM@	0.70/KM			
		AIRFARE		(Receipts Are Require	ed)	
		Other: PARKING, TAXI, GAS		(Receipts Are Require	ed)	
				TOTAL EVDENCES		
ſ				TOTAL EXPENSES	5	1