



# 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):

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="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>
<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>
<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>
<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>
<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>
<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>
<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>
<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>

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  Date:

Date:

Designated Signing Authority