



TRUSTEE TRAVEL EXPENSE REPORT

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

Date:

NAME OF PERSON (S):

DESTINATION OF FUNCTION:

ACTUAL DATE & TIME LEAVING:

ACTUAL DATE & TIME RETURNING:

FUNCTION START DATE: END DATE:

NUMBER OF DAYS ON TRIP: NUMBER OF NIGHTS:

(CONFERENCE, CONVENTION, WORKSHOP, MEETING, TRAINING, OTHER)

TRANSPORTATION:

Lesser of Personal or Rental Estimated Rental Cost

Distance KM@ 0.50/KM

AIRFARE (Receipts Are Required)

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

REGISTRATION FEE (Receipts Are Required)

COMMITTEE MEETING

BOARD MEETING MORE THEN 200 KM FROM RESIDENCE

ACCOMMODATION:							
Number of nights	<input type="text"/>	Cost	<input type="text"/>				
Number of nights	<input type="text"/>	Cost	<input type="text"/>				
Number of nights	<input type="text"/>	Cost	<input type="text"/>				
Total	<input type="text"/>			Total		<input type="text"/>	

MEALS:				
Date	Breakfast Receipt Total	Lunch Receipt Total	Dinner Receipt Total	
	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
			Total	<input type="text"/>

Expenses to be Charged to: Total

ACCOUNT NUMBER:

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

SPECIAL NOTES:

**Please attach course agenda, itinerary, lunches, etc. to this form.

Originated by Date :

Authorized by Date :

Designated Signing Authority