Date (s) expenses incurred: ________________________________ # DAYS ________

Purpose: ________________________________

Allocation: ________________________________

Transportation: (Effective January 2008 mileage rate increases to 50.5 mile)

From: ____________________________ To: ____________________________
via: ____________________________ ** ( __________ miles @ 50.5 $__________

From: ____________________________ To: ____________________________
via: ____________________________ ** ( __________ miles @ 50.5 $__________

**Taxi ____________ **Parking ____________ **Tolls____________ $__________

Total Transportation costs: $__________

Hotel:

Number of days ____________ at $____________ $__________

Number of days ____________ at $____________ $__________

Total Hotel Charges: $__________

Meals:

Breakfast ____________ x 10.00 $__________
Lunch ____________ x 12.00 $__________
Dinner ____________ x 24.00 $__________

Total of Cost of Meals: $__________

Other Items:

$__________

$__________

Total other items: $__________

Registration: $__________

TOTAL EXPENSES $__________

LESS ADVANCE $__________

BALANCE DUE $__________

SUBMITTED BY and certifying that
I will not be reimbursed by any other source.

DATE PAID ____________

CHECK # ____________

APPROVED BY: ____________________________

AMT. PAID ____________

** Receipts are needed to be reimbursed!!