Reimbursable Expense Report

Name: _____
Address: _____
City/St/Zip: _____

Purpose of Expense: _____
_____
_____
_____

Program/Account: _____

Location of Travel: _____
Departure Date & Time: _____ Return Date & Time: _____

Date	Description	Travel	Transport.	Lodging	Meal Per Diem	Other	Total
							$ -
	Totals	0					$ -

*The standard mileage rate is equal to the "Business Mileage Rate" for the Applicable Period published by the Internal Revenue Service (IRS)
*Meal Expense is government per-diem rate. Go to www.policyworks.gov for current rate. Percentage allowed for partial day is Breakfast 20%, Lunch 25% Dinner 55%.
*All Expenses over $20 MUST be documented by a receipt (except meals).

I certify the above is a true statement of incurred expense in accordance with TS policy.

Signature:_____Date_____ _____

_____/_____
Approved By Date

REVISED: 2008-11