SAMPLE TRAVEL & EXPENSE FORM* Destination and purpose of trip: Attend the "How to make my life easier" conference in Cleveland, OH Mileage Reimbursement Rate: \$ 0.550 Mileage Taxi, Personal Conference or Other** Books, auto reimburse buses, Membership research explain Date mileage ment Airfare trains Lodging Meals supplies below Total 01/15/09 25.30 265.00 11.00 10.63 105.00 416.93 0.00 17.81 17.81 0.00 25.34 25.34 01/16/09 46.0 25.30 133.00 235.00 407.92 6.00 8.62 0.00 15.91 15.91 0.00 34.20 21.95 56.15 0.00 50.60 265.00 17.00 133.00 112.51 105.00 21.95 235.00 940.06 Name: **Total Expenses:** 940.06 Jane Doe **Home Address** Amount of cash advance received (if any): P.O. Box 9999 Gambier, OH 43022 **Explanation of "other": Amount of cash advance returned: Car Rental Account to be charged: Amount to be reimbursed: IFDA-940.06 Chair signature when required:*** Person's entertained: Senior Staff Approval: Payee signature:

(print and sign)

Fill out required fields, print, sign you name, and send for Senior Staff approval along with original reco

^{*} Required for all travel related reimbursements

^{**} Chairs signatures are required if department budgets are to be charged List all receipts separately