Kappa Kappa Psi & Tau Beta Sigma Personal Travel/Expense Reimbursement											
Name:						□ ККΨ	ΤΒΣ	D : D :			
From:								Begin Date:			
To:											
Additional											
Information:	End Date							End Date:			
Purpose of Trip:											
Charge To:							▼	Select add'l	category if splitti	ng i	s needed
Misc. Expenses:	Expenses:							Total	\$	-	
Car Rental:									Total	\$	-
Other Transportation:							Total	\$	-		
Airfare From:		То:							Total	\$	-
Mileage:		\$	0.56	per mile			Total	\$	-		
Tolls:									Total	\$	-
Registration Fee	s:								Total	\$	-
Dates of Travel	Nam	Meals incl. Tips Names of Individuals			al Cost	Lodging	Limo/Taxi or Bus	Parking	Misc. Tips		Totals
	IVali	ies of illulviu	iuais	IVIE	ai Cost		OI Bus		\$ -	\$	_
								+	\$ -	\$	_
								+	\$ -	\$	_
									\$ -	\$	_
									\$ -	\$	-
									\$ -	\$	-
								1	\$ -	\$	-
									\$ -	\$	-
									\$ -	\$	-
									\$ -	\$	-
									\$ -	\$	-
									\$ -	\$	-
Totals				\$	-	\$ -	\$ -	\$ -	\$ -		
Signature:	To							tal Expenses:	\$	-	
J.g.iucu.C.					Less Cash Advand			or Donation:	\$	-	
Date:								Total	Amount Due:		\$0.00
Address:						Notes:					

Please submit a separate report and receipts for each major event within 30 days.