

## AAMVA Expense Report

Name:						Payee:	Purpose of Travel (Required):											Multiple Destination	Week Ending
Type (Employee / Volunteer):																		(Y/N)	
Address (							ss (if not												
Expense Coding																			
										Mileage	Per Diem	Entertainment (Input & Itemize Below)			Other (Input & Itemize Be	low)			
		Grant				Transportation	Lodging	Travel Phone &			Gas / Tolls /		Meals & Incidental	Entertainment		Business	Employee		
Project #	Task#	(Y/N)	Date	Points o	of Origin & Destination	(Air/Rail)	(room & tax)	Internet	Car Rental		Parking	\$	Expenses	(Activities / Meals)	Alcohol	Meals	Telecom	Miscellaneous	Daily Total
					Total														
Account Cod						5310	5312	5503	5313	5316	5314	5314	5315	9014	9003	5317	5700		
					ITEM	ZED ENTERTAINMENT AND/OR OTHER EXPENSES (Provide additional page if necessary)											0.00		
Date Name of Person(s), Title, Company						Time & Place Business Purpose/Miscellaneous Items GL Acc									GL Account	Amount			
																		(Travel Advance)	
	!															Total		Due/(Owed)	
Date Received:	Accou	nting Use	Only		Other F	Policy Information	nformation												
Date Processed:							Requestor (Print name) Signature												Date
Processed By: Review the T&E pu									I certify that this reimbursement request is prepared in accordance with AAMVA's T&E Guid										
Comments: Special Mailing						nstructions (if ap													
									Project Manager Approval (Print name)				Signature						Date
IRS Mileage Rate								Supervis	or Approval (Prin		Signature						Date		

