



Chagrin/Southeast Hazardous Materials Response Team  
6320 SOM Center Road, Solon, Ohio 44139

# Travel Expense Report

## Employee Info

Employee Name:			
Employee Street Address:			
City/State/Zip:			
Home Phone:		Department:	
Station Phone:		Email Address:	

## Travel Info

Location of Travel (City, State)	
Purpose of Travel (Class or Conference Name)	

## Expenses

1) Airfare (Round Trip)	
2) Personal Vehicle for Business Purpose _____ miles at \$0.40 per mile	
3) Hotel /Lodging (Does not include movies, telephone, internet access, room service, etc)	
4) Meals (Number of full days away from home _____ at \$45/per day)	
5) Registration Fees or Instructional Costs	
6) Other approved business expenses	
<b>Total Reimbursable Expenses Owed to Employee</b>	<b>\$</b>

## Certificate

Attach itemized receipts for all expenses except meals. Meals are reimbursed at a per diem rate and no receipts are required. Receipts must be itemized and summary type receipts, such as credit card statements are not generally acceptable. The following are NOT authorized or reimbursable expenses: first class airfare, gratuities, alcohol, movies, headsets, internet access, upgrades, etc.

I hereby verify that the statements made hereon are true, that mileage was used for a business purpose, and that expenses incurred were in accordance with the limitations outlined and approved in my request for training. I understand that falsification of information may be grounds for dismissal from the team and criminal charges.

Applicants Signature:		Date:	
Hazmat Coordinators Signature:		Date:	