

CLAIM FOR REIMBURSEMENT OF EXPENSES
Military Contract Education

IC TRIP REIMBURSEMENT FORM

Name: _____ Date: _____

Expenses listed were incurred while in official attendance at the conference/meeting/workshop of:

Attendance Dates: _____ Travel Dates: _____

1. TRANSPORTATION - *Attach Rec

1a. Airfare _____)	\$ _____
1b. Automobile (mileage) _____ miles x current rate (55.5/mile)	\$ _____
1c. Car Rental*	\$ _____
1d. Tolls/Parking	\$ _____
1e. Taxi/Shuttle	\$ _____

2. LODGING (Do not include incidentals) \$ _____

3. REGISTRATION FEE (_____) \$ _____

4. MEALS (Actual Expenses not to exceed \$50/day without receipts) List details below: \$ _____

Meal Allowances: Breakfast (\$12); Lunch (\$18); Dinner (\$20)

<i>Date</i>	<i>Breakfast</i>	<i>Lunch</i>	<i>Dinner</i>	<i>Daily Total</i>
_____	_____	_____	_____	\$ _____
_____	_____	_____	_____	\$ _____
_____	_____	_____	_____	\$ _____
_____	_____	_____	_____	\$ _____
_____	_____	_____	_____	\$ _____
_____	_____	_____	_____	\$ _____
_____	_____	_____	_____	\$ _____

5. MISC. EXPENSES:

_____	\$ _____
_____	\$ _____
_____	\$ _____

Total Expenses Claimed: \$ _____

Advance Received by: _____	Date: _____ (INV #) _____	Deduct \$(_____)
	Reimbursed hotel/airfare	Deduct \$(_____)
	Reimbursed fees/registration	Deduct \$(_____)

Net Amount of this Claim: \$ _____

Claimant's Signature: _____ Manager _____

Regional Liaison Signature: _____

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Date submitted to Fiscal Svcs. _____

Check # _____ Date: _____