



Name \_\_\_\_\_ Department \_\_\_\_\_  
 Location \_\_\_\_\_ Event \_\_\_\_\_  
 Vendor \_\_\_\_\_

**\*\*\* RECEIPTS MUST BE ATTACHED TO REPORT \*\*\***

	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Totals:
<b>Dates</b>								
<b>Lodging</b>	\$	\$	\$	\$	\$	\$	\$	\$
<b>Breakfast</b>	\$	\$	\$	\$	\$	\$	\$	\$
<b>Lunch</b>	\$	\$	\$	\$	\$	\$	\$	\$
<b>Dinner</b>	\$	\$	\$	\$	\$	\$	\$	\$
<b>Other</b>	\$	\$	\$	\$	\$	\$	\$	\$
<b>Mileage</b> 67 cents per mile	\$	\$	\$	\$	\$	\$	\$	\$
<b>Totals</b>	\$	\$	\$	\$	\$	\$	\$	\$

*\*One day trip meals are taxable*

Employee Signature \_\_\_\_\_ Date \_\_\_\_\_  
 Division Supervisor \_\_\_\_\_ Date \_\_\_\_\_  
 Department Director \_\_\_\_\_ Date \_\_\_\_\_  
 Finance Director \_\_\_\_\_ Date \_\_\_\_\_

Charge \$ \_\_\_\_\_ To Account \_\_\_\_\_ 5321 – Travel, Meals, Lodging, Misc.  
 Charge \$ \_\_\_\_\_ To Account \_\_\_\_\_ 5322 – Training/ Registration  
 Charge \$ \_\_\_\_\_ To Account \_\_\_\_\_ 5384 – Mileage Reimbursement  
 Charge \$ \_\_\_\_\_ To Account \_\_\_\_\_ - Other

W-2 Taxable Amount \$ \_\_\_\_\_