



**LAKE REGION CONFERENCE OF SEVENTH-DAY ADVENTISTS
SPECIAL TRAVEL EXPENSE REPORT**

NAME _____

ADDRESS _____ Apt # _____

CITY _____ STATE _____ ZIP CODE _____

ITINERARY: From _____ To _____

From _____ To _____

DATE BEGUN _____ DATE ENDED _____

PURPOSE OF TRIP/MEETING _____

EXPENSES:

Airfare \$ _____

Auto Rental \$ _____

Gasoline (Rented Car) \$ _____

Mileage (Own Car) ____ miles X \$.43 = \$ _____

Parking \$ _____

Per Diem _____ days X \$50.00 day = \$ _____

Per Diem _____ days X \$17.00 day = \$ _____
(when fully entertained)

Lodging \$ _____

Tolls \$ _____

LESS ADVANCES: TOTAL EXPENSES \$ _____

Tickets \$ _____

Cash \$ _____

TOTAL ADVANCES \$ _____

NET AMOUNT DUE WORKER \$ _____

Signed _____ Date _____

Approved by _____ Date _____

***DOCUMENTATION/RECEIPTS MUST BE SUBMITTED WITH REPORT FOR REIMBURSEMENT.**