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| 2024 Expense Report |
| Name Agency/Board/Committee: Date:  | **Payable To:** Address:   |
| Purpose of Trip: | Travel From: To: |
| Travel Expenses | Day 1 | Day 2 | Day 3 | Day 4 | Day 5 | Day 6 | Day 7 | Total Amount |  Account Number |
| ***Number of Miles***  |  |  |  |  |  |  |  |  |  |
| Mileage Calc (62 cents/mile) |  |  |  |  |  |  |  |  |  |
| Air Fare\* |  |  |  |  |  |  |  |  |  |
| Auto Rental\* |  |  |  |  |  |  |  |  |  |
| Gas,Tolls & Parking\* |  |  |  |  |  |  |  |  |  |
| Air, Rail, Bus\* |  |  |  |  |  |  |  |  |  |
| Taxi, Limousine, Uber (Incl. Tip)\* |  |  |  |  |  |  |  |  |  |
| Lodging, Hotel, Motel\* |  |  |  |  |  |  |  |  |  |
| Meals (Incl. tip)\* |  |  |  |  |  |  |  |  |  |
| Other Expenses\* |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |
| Honorarium |  |  |  |  |  |  |  |  |  |
| SUB-TOTAL |  |  |  |  |  |  |  |  |  |
| Other Purchases |
| Service/Item | Date | Attendees (if applicable) | Business Purpose | Amount | Acct Number |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
| **TOTAL** |  |  |  |  |  |
| Authorized By: Date: |

\*Attach Receipts Paid by check#

 Date: