

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: _____