

**TRAVEL EXPENSE REPORT
SELC DISTRICT**



Mr. Robert Lange
3242 Edgington St.
Franklin Park, IL

60131-2129

rcl292232z@gmail.com

Name _____
 Address _____
 City/State _____

 Report Date _____
 \$ -
 Amount Due
 Date Required _____

Purpose of Trip:

DATES								
Date								Totals
Transportation								
Business Miles Traveled								0
Mileage Allowance @ \$ 0.70	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Airfare/Travel								\$ -
Auto Rental								\$ -
Fuel								\$ -
Parking & Tolls								\$ -
Tolls								\$ -
Tips								\$ -
Business Meals								
Breakfast								\$ -
Lunch								\$ -
Dinner								\$ -
Business meals for others								\$ -
Lodging								
Lodging								\$ -
Telephone								\$ -
Other								\$ -
Miscellaneous (Explain below)								\$ -
Daily Totals	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Explain-Other/Misc:	Total Expenses							\$ -
	Less: Prepaid Airfare							
	Cash Advance							
	Balance Due :							
						Traveler	\$ -	
						District	\$ -	

Traveler's Signature _____ Date _____ Supervisor's Signature _____ Date _____

FOR TREASURER'S USE ONLY

BUDGET APPROVED _____

CHECK # _____

DATE: _____

Attach receipts for hotel, transportation, meals, auto rental, etc.
 Attach supporting memo to explain any unusually high hotel or meal charges.