

**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

<i>Date</i>									<i>Totals</i>
Transportation									
Business Miles Traveled									0
Mileage Allowance @ \$ 0.725	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
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.