

TRAVEL EXPENSE REPORT / CLAIM

Please complete page 2 - Direct Deposit Authorization

NAME _____ SOCIAL SECURITY # _____

MAIL REIMBURSEMENT TO: _____

PURPOSE OF TRIP _____

TRAVEL EXPENSES									
DATE OF EXPENSE (MONTH/DAY) →								EXPENSE TOTALS ↓	
LODGING (+TIPS)								0.00	
MEALS (+ TIPS)	BKFST							0.00	
	LUNCH							0.00	
	DINNER							0.00	
INTERNET								0.00	
GRD TRANSPORT (TIPS, TOLLS, GAS)								0.00	
PARKING (VALET/TIPS)								0.00	
MILEAGE (@ 67¢/mile) TOTAL MILES:								0.00	
AIRFARE (+ BAGS)								0.00	
HONORARIA								0.00	
I certify the above expenses were incurred while conducting CCE business and in accordance with CCE Policy 94, Expenses, Honoraria and Stipends.								TOTAL AMOUNT	0.00

SIGNATURE _____ DATE _____

FOR CCE ADMINISTRATIVE OFFICE USE ONLY

G/L ACCOUNTS: To ensure proper posting circle appropriate expense account.										
5401	Annual Mtg	5442	Exec. Comm	5477	Comp Visits	5484	USDE	5493	Staff Visits - Unbillable	
5421	Semi-Annual	5461	Stand. TF	5479	Interim Visit	5486	CHEA	5494	CCE Workshop	
5426	President Travel	5471	Other Mtg	5482	Focused Vis	5489	Site Team T	5495	Appeal Panel	
5436	Chair Travel	5472	Council Trn	5483	FCLB	5490	Site Observer	5496	Search Comm	

APPROVAL: _____
REVIEW STAFF _____ DATE _____

AUTHORIZED SIGNATURE _____ DATE _____

Direct Deposit Authorization

The information provided below authorizes THE COUNCIL ON CHIROPRACTIC EDUCATION ("CCE") to direct deposit (credit entries), electronically or by any other commercially accepted method, to my account indicated below (the "Account"). This authorizes the financial institution holding the Account to post all such entries.

☐ The Account information CCE has on file is accurate and I have no changes.

Account Information

Account Type (check one): ☐ Checking ☐ Savings

Name of Bank/Financial Institution _____

Bank Routing # (ABA#) _____

Account # _____

This authorization will be in effect until CCE receives a written termination notice from myself and has a reasonable opportunity to act on it or upon termination due to CCE Bylaws and/or policies and procedures.

Printed Name: _____

Signature: _____

Date: _____

IMPORTANT: This document must be signed by the Councilor/Academy Member requesting automatic deposit of payments and retained on file by the CCE. Councilors/Academy Members must also include a voided check electronically for their account to verify their account numbers and bank routing numbers.

CCE MILEAGE LOG

	TO	FROM	TRIP MILES
CITY & STATE			
DATES			

CITY & STATE			
DATES			

CITY & STATE			
DATES			

TOTAL MILES:

0

Enter the "Total Miles" from this log in Section D - Mileage, "Total Miles" on the Travel Expense Report/Claim.

Attach this document to the corresponding expense report if you are reporting mileage.