

TRAVEL EXPENSE REPORT / CLAIM

NAME _____ SOCIAL SECURITY # _____

MAIL REIMBURSEMENT TO: _____

PURPOSE OF TRIP _____

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

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	5478	Comp Visits	5484	USDE	5493	Staff Visits - Unbillable
5421	Semi-Annual	5461	Stand. TF	5480	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 _____

CCE MILEAGE LOG

	TO	FROM	TRIP MILES
CITY & STATE			
DATES			

CITY & STATE			
DATES			

CITY & STATE			
DATES			

TOTAL MILES:

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.