

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 (@ 55.5¢/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.					5482	Focused	5489	Site Team Trng	
5401	Annual Mtg	5441	Committee	5461	Task Force	5483	FCLB	5490	Site Observer
5421	Semi-Annual	5442	Exec Comm	5471	Other Mtg	5484	USDE	5491	Membership
5426	CCE President	5448	CCEI	5478	Comp Visits	5486	CHEA	5492	Residency
5436	Council Chair	5452	Governance	5480	Interim	5488	ASPA	5493	Staff-Unbillable

APPROVAL: _____
REVIEW STAFF _____ DATE _____

CCE PRESIDENT _____ 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.