

THE COUNCIL ON CHIROPRACTIC EDUCATION TRAVEL EXPENSE REPORT / CLAIM

NAME _____ ADDRESS _____

SOCIAL SECURITY # _____

PURPOSE OF TRIP _____ INCLUSIVE DATES: _____ OFFICE CODE: _____

CITY & STATE FROM			
CITY & STATE TO			
DATE FROM			
DATE TO			

EXPENSES

DATE OF EXPENSE										EXPENSE TOTALS
B - LODGING										
C-MEALS	BKFST									
	LUNCH									
INCLUDE TIPS	DINNER									
H-TELEPHONE										
G-GROUND TRANSPORT										
J-PARKING										
D-MILEAGE @ .585 PER MILE										
F-AIRFARE										
J-MISC. RECEIPTED										
J-TOTALS OF NON-RECEIPTED										
TOTAL EXPENSES										
K-PER DIEM HONORARIA										

NON-RECEIPTED ITEMS:

BY ITEM & NAME	AMOUNT
1	
2	
3	
4	
5	
6	
7	
ITEM TOTAL	

G/L ACCOUNTS:

5401	Annual Mtg	5444	BOD Comm	5478	Evaluation Visits
5421	Semi-Annual	5448	CCEI	5480 / 5482	Interim / Focus
5426	IED Visits	5452	Governance	5484	USDE
5441	Committee	5461	Task Force	5486/5488	CHEA / ASPA
5442	Exec Comm	5471	Other Mtg	5489	Training/Workshps

APPROVE:

I certify that the above receipted/non-receipted items were incurred in conducting CCE business.

REVIEW STAFF _____ DATE _____

SIGNED _____ DATE _____

EXECUTIVE DIRECTOR _____ DATE _____

ALL CCE-RELATED TRAVEL EXPENSES MUST BE SUBMITTED ON THIS CCE FORM
 Return to: Council on Chiropractic Education, 8049 N. 85th Way, Scottsdale, AZ 85258, (480) 443-8877