

TRAVEL EXPENSE REPORT / CLAIM

NAME \_\_\_\_\_ SOCIAL SECURITY # On file

MAIL REIMBURSEMENT TO: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

PURPOSE OF TRIP \_\_\_\_\_

TRAVEL EXPENSES								EXPENSE TOTALS ↓
DATE OF EXPENSE (MONTH/DAY) →								
<b>LODGING (+TIPS)</b>								0.00
<b>MEALS (+ TIPS)</b>	BKFST							0.00
	LUNCH							0.00
	DINNER							0.00
<b>INTERNET</b>								0.00
<b>GRD TRANSPORT (TIPS, TOLLS, GAS)</b>								0.00
<b>PARKING (VALET/TIPS)</b>								0.00
<b>MILEAGE (@\$0.57.5 /mile) TOTAL MILES:</b>								0.00
<b>AIRFARE (+ BAGS)</b>								0.00
<b>HONORARIA</b>								0.00
I certify the above expenses were incurred while conducting CCE business and in accordance with CCE Policy 94, Expenses, Honoraria and Stipends.							<b>TOTAL AMOUNT</b>	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 \_\_\_\_\_

**CCE MILEAGE LOG**

	TO	FROM	TRIP MILES
<b>CITY &amp; STATE</b>			
<b>DATES</b>			

<b>CITY &amp; STATE</b>			
<b>DATES</b>			

<b>CITY &amp; STATE</b>			
<b>DATES</b>			

**TOTAL MILES:**

<b>0</b>
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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.