

EXPENSE REPORT

Name	MAIL CHECK TO:	(Signature)
Street	WEEK ENDED:	(Title)
City	State	Zip
APPROVAL:		(Assignment)

Enter Date	SHOW LOCATION AND TRAVEL FROM - TO	Transportation (Air, Ferry, taxi, etc. Attach Receipt)	Hotel (Attach Receipt)	Per Diem (Based on travel status; receipt not needed)	Auto Expense (Personal Car)	Entertainment Expense		Other (Explain & Attach Receipts as Required)	
						Number of people	Amount	Description (Use Supplemental Page If Needed)	Amount
Sun									
Mon									
Tue									
Wed									
Thu									
Fri									
Sat									
Totals		\$ -	\$ -	\$ -	\$ -		\$ -		\$ -

<p>PLEASE INCLUDE ALL SUPPORTING DOCUMENTS; BOARDING PASSES, HOTEL RECEIPTS, PARKING / TAXI RECEIPTS, ETC.</p> <p>TRAVEL STATUS</p> <p>As provided in the most current ASEAPolicies and Procedures</p>	<p>MEAL ALLOWANCE</p> <p>Breakfast \$12.00 Lunch \$16.00 Dinner \$32.00</p>	<p>MILEAGE</p> <p>ENDING _____</p> <p>STARTING _____</p> <p>TOTAL miles _____ x IRS rate _____ = _____</p> <p>Mileage rate is 55.5 cents per mile</p>	<p>Total Expenses \$ _____</p> <p>Less Items Direct Billed \$ (_____)</p> <p>Net Expenses \$ _____</p> <p>Reimbursement \$ _____</p>
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