



For Office Use

Code: \_\_\_\_\_

Approved  
( )

Denied  
( )

**Activity Expense Report**  
(Division and Below Events)

Name: \_\_\_\_\_ Telephone # \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Unit Name: \_\_\_\_\_

Position Held at Activity: \_\_\_\_\_

Activity Attended & Location: \_\_\_\_\_

Activity Dates: \_\_\_\_\_ Travel Dates: \_\_\_\_\_

<b>Expenses</b>	<b>Amount</b>
A. Lodging (\$70.00 per night)	
B. Air Transportation	
C. Ground Transportation (\$0.32 per mile) x (Total Miles) = Amount Mileage: Start _____ Finish: _____	
D. Meals (\$30.00 per full day) (\$15.00 per travel day)	
E. Other/Incidentals: _____ _____ _____ _____	_____ _____ _____ _____
<b>Advanced Payment:</b>	
<b>Total Expenses (A+B+C+D+E)</b>	
<b>Total Amount Requested (Advanced Payment – Total Expenses)</b>	

*(All receipts must be itemized and included with expense report)*

I, \_\_\_\_\_, certify that the information provided above is correct and that I have not received reimbursement from any other source for the expenses listed above. Also I certify that I am not profiting from this request.

Claimant's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**All expense reports must be submitted within 30 days of the ending date of the attended function, or the expense report will be denied.**