

TRAVEL EXPENSE DETAIL SHEET

mileage rate 0.535

Please Note: Copies of receipts are required for reimbursement

| | | | |
|-------|--|-------------------|--|
| Name | | Agency | |
| Month | | Reason for Travel | |
| Year | | | |

Meals & Lodging

| Date | Location | Breakfast | Lunch | Dinner | Other | Lodging | Totals |
|---------|----------|-----------|-------|--------|-------|---------|--------|
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| | | | | | | | |
| Totals: | | | | | | | |

Private Car Miles

| Date | Description | Rate Per Mile | Private Car Miles | Total |
|------|-------------|---------------|-------------------|-------|
| | | 0.535 | | |
| | | 0.535 | | |
| | | 0.535 | | |
| | | 0.535 | | |
| | | | Total | |

Miscellaneous Expenses

Air Fare, Parking, Subway Fare, Taxi Fare, etc.

| Date | Description | | | | | Totals |
|-------|-------------|--|--|--|--|--------|
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| | | | | | | |
| Total | | | | | | |

Grand Total Due

| | | | |
|--|------------------|--------------|-------------|
| I certify that all reimbursements claimed reflect actual duty required expenses or allowances entitled; that no part thereof has been heretofore claimed or will be claimed from any other source. | Signature | Title | Date |
| | | | |

| | | | |
|--|--------------------|--------------|-------------|
| I certify that the above claimed expenses are authorized duty required expenses. Funds for payment of this claim are available in the approved budget for the period covered and have been allotted for expenditure. | Approved by | Title | Date |
| | | | |