APA C3 - EXPENSE REPORT

[For Staff and Member Reimbursement]

**** Staff will receive reimbursement by direct deposit**

Print Form | Clear Form

(202) 336-5500, Fed. I.D. # 530205890

Revised Jan. 2019

NAME/ADDRESS:	TRANSACTION DESCRIPTION / BUSINESS PURPOSE:
	TRAVEL DATES:
	DESTINATION:
	APA CONTACT: Tasha Haywood

DATE EXPENSE INCURRED ⇨															TOTALS
		‡		‡		‡		‡		‡		‡		‡	
Air, Rail, Bus *(If not paid directly by APA)*															$ 0.00
Car Rental															0.00
Number of Miles ⇨															
January 1, 2019 Rate: $ 0.580	0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00
Parking & Tolls															0.00
MiscTransportation *(taxi, metro, etc.)*															0.00
Hotel Cost Only *(include taxes)*															0.00
Breakfast *(include tips)*															0.00
Lunch *(include tips)*															0.00
Dinner *(include tips)*															0.00
Per diem (Staff only)															0.00
‡ Misc:															0.00
‡ Misc:															0.00
‡ Misc:															0.00
‡ Misc:															0.00
TOTALS	0.00		0.00		0.00		0.00		0.00		0.00		0.00		$0.00

‡ Additional Space for Misc Items ‡

Less Advance . . . . . . (-)

Amount Due Traveler 0.00

Amount Due APA *(attach check)* 0.00

STAFF USE ONLY - NAV Distribution of Expenses

Account #	Program #	Trans Purpose	User Defined Code	Amount

ORIGINAL RECEIPTS ARE REQUIRED FOR ALL EXPENSES REGARDLESS OF AMOUNT

In the event the original receipt is not available, you must provide an explanation of why the receipt is not available.

SIGNATURE AUTHORIZATIONS

The traveler must:

- **Is any portion of this payment related to an event or entertainment for, involving, or honoring a Member of Congress, congressional employee, or Executive Branch official? (*Permissible, but must be reported*)** ○ Yes ◉ No
- **I certify that this payment does not include a prohibited contribution or gift (including a meal) to a Member of Congress or congressional employee.** ◉ Yes ○ No

ORIGINATOR	*APPROVER*
Sign:	*Sign:*
Print Name:	*Print Name:*
Date:	*Date:*

FOR ACCOUNTING USE ONLY

Vendor #: _____ Entry #: _____ Date Entered: _____ Processed by/Date: _____

1st Review/Date: _____ 2nd Review/Date: _____ CFO/Date: _____

NON STAFF: Email form & receipts to accreditationtravel@apa.org