

TRAVEL EXPENSE DETAIL SHEET

mileage rate **\$0.625**

As of **8/24/23**

Please Note: Copies of receipts are required for reimbursement

Name

Month

Year

Agency

Reason for Travel

Per Diem Stipend

\$157 per day stipend for commission activities

Date	Description	AM	PM	Full Day	Other	Lodging	Totals
							\$0.00
							\$0.00
							\$0.00
							\$0.00
							\$0.00
Totals:		\$0.00	\$0.00	\$0.00			\$0.00

Meals & Lodging

Date	Location	Breakfast	Lunch	Dinner	Other	Lodging	Totals
							\$0.00
							\$0.00
							\$0.00
							\$0.00
							\$0.00
							\$0.00
							\$0.00
							\$0.00
							\$0.00
							\$0.00
Totals:		\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00

Private Car Miles

Date	Description	Rate Per Mile	Private Car Miles	Total
		0.625		\$0.00
		0.625		\$0.00
		0.625		\$0.00
		0.625		\$0.00
Total				\$0.00

Miscellaneous Expenses

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

Date	Description	Totals
		\$0.00
		\$0.00
		\$0.00
		\$0.00
		\$0.00
		\$0.00
		\$0.00
		\$0.00
		\$0.00
		\$0.00
Total		\$0.00

Grand Total Due **\$0.00**

Signature	Title	Date
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.		

Approved by	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.		