

TRAVEL EXPENSE REPORT (Out of Town Only)

Payable To: NAME TO APPEAR ON CHECK Event Title/ Description: NAME OF ACTUAL EVENT OR ACTIVITY
 Remittance Address: ADDRESS TO MAIL PAYMENT TO IF NEEDED Event Full Address: STREET ADDRESS, CITY, STATE AND ZIP CODE OF EVENT
 Phone Number: CONTACT NUMBER Dates of Event: ACTUAL DATE EVENT IS ON -NO TRAVELING DATES

Youth Empowerment Services, Inc. is a drug free workplace. No type of illegal drugs and/ or alcoholic beverages are reimbursable expenses.

Step 1. Please complete Sectons A, B and C as applicable.

SUN / / ENTER MONTH AND DATE NEXT TO EACH DAY OF EXPENSES			
A. PER DIEM ATTACH AN AGENDA/ CERTIFICATE OF COMPLETION REQUIRED IF NO YES SIGN-IN USED			
BREKFAST		ENTER THE ACTUAL COST OF YOUR BREAKFAT, INCLUDING TIPS -DON'T ROUND AMOUNTS	A. TOTAL REIMB PER DIEM \$ - + B. TOTAL REIMB. TRAVEL \$ - + C. TOTAL REIMB. MILEAGE \$ - = TOTAL REIMBURSABLE EXPENSES (A+B+C) \$ - - ADVANCE PAYMENT (CK NO. _____) \$ - TOTAL REIMBURSEMENT REQUESTED \$ -
LUNCH		ENTER THE ACTUAL COST OF YOUR LUNCH, INCLUDING TIPS -DON'T ROUND AMOUNTS	
DINNER		ENTER THE ACTUAL COST OF YOUR DINNER, INCLDUING TIPS -DON'T ROUND AMOUTNS	
NON-MEAL TIPS		ONLY ENTER TIPS GIVEN TO PORTERS, BAGGAGE CARIERS, AND HOTEL STAFF	
DAILY TOTAL (ACTUALS)	\$ -	ENTER THE TOTAL OF ALL YOUR COSTS FOR THE DAY	
REIMBURSABLE TOTAL		ENTER THE AMOUNT ALLOWED FOR REIMBURSEMENT (CAN'T EXCEEDE REIMBURSEMENT RATE)	
B. TRAVEL ATTACH ORIGINAL ITEMIZED RECEIPTS (AN AGENDA/ CERTIFICATE OF COMPLETION IS ALSO REQUIRED IF NO YES SIGN-IN USED)			
LODGING***		ENTER THE DAILY COST OF YOUR HOTEL/ LODGING -MUST HAVE A RECEIPT	
TAXI/ SHUTTLE		ENTER ANY TAXI OR SHUTTLE EXPENSES FOR THE DAY -MUST HAVE A RECEIPT	
CAR RENTAL		ENTER ANY CAR RENTAL EXPENSES INCLUDING GAS -MUST HAVE RECEIPTS	
TRAIN FARE		ENTER ANY TRAIN FARE EXPENSES FOR THE DAY -MUST HAVE RECEIPTS	
AIR FARE		ENTER ANY AIR FARE EXPENSES FOR THE DAY -MUST HAVE RECEIPTS	
REIMBURSABLE TOTAL	\$ -	ENTER THE TOTAL OF ALL YOUR EXPENSES RELATED TO MODES OF TRANSPORTATION FOR THE DAY	
ENTER THE MILES WHEN TRAVELING ONE WAY AND THE REIMBURSMET AMOUNT FOR TRAVELING ONE WAY			
Total Miles ONE Way _____ mi. x \$0.54 = \$_____ ****			
C. MILEAGE Map Quest and AGENDA/ CERTIFICATE OF COMPLETION REQUIRED IF NO YES/HCK SIGN-IN USED			
@ \$0.54 mile	\$	ENTER THE MILEAGE REIMBURSMET FOR TRAVELING ON EACH DAY YOU TRAVEL	

*Non-meal tips are "Incidentals" that are fees and tips given to porters, baggage carriers and hotel staff
 **Regular Per Deim Reimb. Rate is \$46 day & Key Official Rate is \$92
 **** only request miles to and from main destination (No IN-TOWN travel)

Step 2. Please sign here.

Signature: SIGN YOUR NAME HERE Title: WRITE YOUR TITLE Campus/ Dept: WRITE YOUR CAMPUS Date: DATE

Step 3. Please get signature below (not valid without approved by signature)

Approved By: _____ Title: _____ Prog./ Fund _____ Date: _____

Step 4 Please submit to Y.E.S. Fiscal Department

TRAVEL EXPENSE REPORT (Out of Town Only)

Payable To: _____ Event Title/ Description: _____
 Remittance Address: _____ Event Full Address: _____
 Phone Number: _____ Dates of Event: _____

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Step 1. Please complete Sectons A, B and C as applicable.

SUN	MON	TUE	WED	THUR	FRI	SAT	SUN	MON	TUE	WED	THUR	FRI	SAT
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A. PER DIEM AGENDA/ CERTIFICATE OF COMPLETION REQUIRED IF NO YES/HCK SIGN-IN USED

BREKFAST														
LUNCH														
DINNER														
NON-MEAL TIPS														
DAILY TOTAL (ACTUALS)	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
REIMBURSABLE TOTAL														

A. TOTAL
REIMB PER
DIEM

\$ -

+

B. TRAVEL ORIGINAL ITEMIZED RECEIPT REQUIRED AS OF 9/1/2013

LODGING***														
TAXI/ SHUTTLE														
CAR RENTAL														
TRAIN FARE														
AIR FARE														
REIMBURSABLE TOTAL	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -

B. TOTAL
REIMB.
TRAVEL

\$ -

+

C. MILEAGE Map Quest and AGENDA/ CERTIFICATE OF COMPLETION REQUIRED IF NO YES/HCK SIGN-IN USED

Total Miles ONE Way _____ mi. x \$0.54 = \$_____ ****

@ \$0.54 mile	\$	\$	\$	\$	\$	\$	\$	\$	\$	\$	\$	\$	\$	\$
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C. TOTAL
REIMB.
MILEAGE

\$ -

=

*Non-meal tips are "Incidentals" that are fees and tips given to porters, baggage carriers and hotel staff

**Regular Per Deim Reimb. Rate is \$46 day & Key Official Rate is \$92

**** only request miles to and from main destination (No IN-TOWN travel)

TOTAL REIMBURSABLE EXPENSES (A+B+C)

\$ -

- ADVANCE PAYMENT (CK NO. _____)

\$ -

TOTAL REIMBURSEMENT REQUESTED

\$ -

Step 2. Please sign here.

Signature: _____ Title: _____ Campus/ Dept: _____ Date: _____

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Approved By: _____ Title: _____ Prog./ Fund: _____ Date: _____

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