

COLLEGE ASSOCIATION, INC.

Travel Expense Reconciliation

Claimant Name/Title _____

Department/Budget Charge _____

Purpose of Trip _____

Date(s) of Trip- Depart _____ Return _____

Time of Departure _____ Time Returned _____

Destination/Institution/Company _____

Expenses Claimed: Mileage _____ miles @ 31 ¢ per mile..... _____

Airline/Train Tickets..... _____

Taxi/Limo/ Bus Fares..... _____

Tolls and/or Parking Charges..... _____

Hotel/Lodging (Receipts Attached)..... _____

Meals: Actual-Receipts attached or Per Diem Rates

Breakfast _____ @\$7.00 _____

Lunch _____ @\$10.00 _____

Dinner _____ @\$20.00 _____

Tips..... _____

Other Expenses: _____

Please List _____

Total Expenses..... _____

Cash Advance..... _____

Balance Due/Owed..... _____

Signature _____ Date _____

Approved by _____