



MAYFIELD

EDUCATION ASSOCIATION

Quality Education Quality Staff

Travel Expense Report

Name: _____ Building: _____ Meeting: _____

Location of Meeting: _____ Meeting Dates: _____

REIMBURSEMENT WILL ONLY OCCUR IF RECEIPTS ARE PRESENT and ITEMIZED.
MEAL EXPENSES SHOULD NOT EXCEED \$50.00 PER DAY, PLUS 15% TIP. ATTACH MAPS FOR MILEAGE REIMBURSEMENT.

Please list your expenses on the following spaces:

Date: _____	Date: _____	Date: _____
Meals: (include tip)	Meals: (include tip)	Meals: (include tip)
Breakfast: _____	Breakfast: _____	Breakfast: _____
Lunch: _____	Lunch: _____	Lunch: _____
Dinner: _____	Dinner: _____	Dinner: _____
Transportation:	Transportation:	Transportation:
Limo/Taxi: _____	Limo/Taxi: _____	Limo/Taxi: _____
Public Trans: _____	Public Trans: _____	Public Trans: _____
Car Mileage: _____ <small>(\$0.565 a mile or IRS Rate if higher)</small>	Car Mileage: _____ <small>(\$0.565 a mile or IRS Rate if higher)</small>	Car Mileage: _____ <small>(\$0.565 a mile or IRS Rate if higher)</small>
Lodging: _____	Lodging: _____	Lodging: _____
Miscellaneous:	Miscellaneous:	Miscellaneous:
Phone: _____	Phone: _____	Phone: _____
Parking: _____	Parking: _____	Parking: _____
Other: _____	Other: _____	Other: _____
TOTAL: _____	TOTAL: _____	TOTAL: _____

TOTAL EXPENSE REPORT AMOUNT: _____

Signature of Applicant: _____ Date: _____

Office Use Only

Treasurer's Signature: _____ Date: _____

Signature of President: _____ Date: _____

Category: _____

Check #: _____ Amount: _____