

LOCAL 3614
NATIONAL COUNCIL OF EEOC LOCALS NO. 216
AFGE, AFL-CIO

Name: _____

Destination: _____ -

Reason for Travel: _____

From: _____, 200__ To: _____, 200__

Total Number of Days: _____

EXPENSES

	Amount Advanced	Amount Spent
1. Transportation		
Auto Mileage _____ @ _____ per mile	_____	_____
Parking (receipt must be attached)	_____	_____
Tolls (receipt must be attached)	_____	_____
Public Carrier (taxi, plane, etc.) (receipt must be attached)	_____	_____
2. Lodging (hotel, motel, etc.) (receipt must be attached)	_____	_____
3. Meals & Incidental Expenses (per diem)	_____	_____
4. Other expenses _____ (Explain, receipt must be attached)	_____	_____
Sub Total	_____	_____
Less Expenses Paid by Local/Council	_____	_____
Total	_____	_____

Advance Check: Check No.: _____ Amount: _____ Total Advance: _____

Balance Due to Traveler: _____

Unexpended Balance Due Local/Council _____

Signature of Traveler: _____

Date: _____