

## TRAVEL EXPENSE REPORT

1. Name \_\_\_\_\_  
 Address \_\_\_\_\_  
 City/State/Zip \_\_\_\_\_

*Indiana District LC-MS  
 1145 South Barr Street  
 Fort Wayne, IN 46802-3180  
 1-260-423-1511  
 1-800-837-1145*

\_\_\_\_\_ Date Requested

2. Board, Council or Committee \_\_\_\_\_

3. Purpose of Trip \_\_\_\_\_

\_\_\_\_\_ Account Number

<b>4. A. Date of Activity.</b>	
<b>B. Personal Car</b>	(Actual Roundtrip Mileage)
<b>C. Amount</b>	(2014 Mileage Rate \$.44/mile)
<b>D. Air-Train-Bus Fares</b>	
<b>E. Meals (Include tip)</b>	
<b>F. Lodging (Room only)</b>	
<b>G. Other (Explain)</b> _____	
<b>H. Less Amount Contributed to District</b> ( A notice of your contribution will be sent for your tax purposes)	
<b>I. Total Expense Reimbursement</b>	

5. Traveler's Signature \_\_\_\_\_

Date \_\_\_\_\_

**Office Use Only**

Approval \_\_\_\_\_

Date Entered \_\_\_\_\_

Date Paid \_\_\_\_\_

Check No. \_\_\_\_\_

6. Executive Signature - Approval \_\_\_\_\_

Date \_\_\_\_\_