

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 - _____

4. A. Date of Activity. _____

B. Personal Auto Mileage _____

(Actual Roundtrip Mileage) _____

C. Mileage Reimbursement Amount _____

(Mileage Rate \$.44 / mile)

\$ -

D. Air-Train-Bus Fares _____

E. Meals *(Include tip)* _____

F. Lodging *(Room only)* _____

G. Other *(Explain)* _____

H. Less Amount Contributed to District _____

(A notice of your contribution will be sent for your tax records)

I. Total Expense Reimbursement _____

\$ -

5. Traveler's Signature _____

Date _____

6. Executive Signature - Approval _____

Date _____

Office Use Only

Approval _____
 Date Entered _____
 Date Paid _____
 Check No. _____