

USATF THREE RIVERS ASSOCIATION EXPENSE REPORT

Name: _____

Date: _____

Address: _____

City/Zip: _____

Phone: _____

Email: _____

Purpose for Travel: _____

Committee: _____

PURCHASES/NON TRAVEL EXPENSES			
Committee:	ITEM	PURPOSE	Amount
Purchase Sub Total:			\$ -

TRAVEL EXPENSES								
Day:	Mon	Tues	Wed	Thurs	Fri	Sat	Sun	Total
Date:								
Mileage**: <i>\$.50/mile</i>								
Tolls:								
Parking:								
Ground Transportation:								
Airfare:								
Baggage:								
Hotel:								
Per Diem: <i>\$.40/day</i>								
Meals:								
TRAVEL SUB TOTAL:								\$ -
TOTAL REIMBURSEMENT								\$ -

TRA TREASURER ONLY		
Date Received: _____	Date Paid: _____	Check #: _____
Amount Approved: _____	Amount Rejected: _____	

Receipts for all charges (except per diem) must be included for reimbursement

**Include Google Maps mileage for mileage for personal car travel