

TRAVEL RECONCILIATION REPORT

Name _____ Program _____ Date _____

Reason for Trip _____

DESTINATIONS

Date _____ From _____ To _____

Time Left for Trip _____ Time Arrived Home from Trip _____

EXPENSES INCURRED

	PAID BY CENTER	REIMBURSABLE OUT-OF POCKET
Transportation _____ miles traveled @ .395 per mile	\$ _____	\$ _____
Cost of transportation ticket (train, bus, plane)*	\$ _____	\$ _____
Registration fees	\$ _____	\$ _____
Number of meals requested: total expense # of breakfasts _____ # of lunches _____ # of dinners _____	\$ _____	\$ _____
Other expenses: Explain*** _____ _____	\$ _____	\$ _____
Subtotal: Expenses paid by DBH	\$ _____	
Subtotal: Reimbursable expenses incurred by Employee		\$ _____
Total Expenses:	\$ _____	
Amount Due Employee:	\$ _____	

Employee Signature: _____ Date _____

Supervisor Signature: _____ Date _____

Travel Coordinator: _____ Date _____

* Attach boarding passes

*** Explanation of tips must be included. Alcoholic beverages and entertainment are not covered

This form must be completed, approved and submitted to the Travel Coordinator within 30 days of returning from all trainings.

By signing this document I agree that all costs reported are accurate and true.

revised 4/09