

# Travel Expense Report

Date turned In: \_\_\_\_\_

Name of Traveler: \_\_\_\_\_ Destination: \_\_\_\_\_

Dates of Travel: From: \_\_\_\_\_ To: \_\_\_\_\_

Departed from Home / Office (circle one) Time Departed: \_\_\_\_\_ Time Arrived: \_\_\_\_\_

Fill in the dates: Use additional sheets when necessary	Date:									
<b>Commercial Transportation:</b>										
<b>Booking Fee:</b>										
<b>Lodging And Lodging Tax</b>										
<b>Rental Car</b> Do not itemize										
<b>Gas Fuel</b>										
<b>Taxi/Shuttle:</b>										
<b>POV Mileage:</b>										
<b>Business Phone Calls:</b>										
<b>Personal Phone Calls **::</b>										
<b>ATM Withdrawals</b> And----- <b>ATM Usage Fee</b>										
<b>Parking</b> And----- <b>Tolls</b>										
<b>Other Expenses:</b> Specify:										

See back of this form for Explanatory Notes.

## Explanatory Notes

Please read these notes carefully as they pertain to your reimbursement

\* You must provide receipts for **all** items listed in this Expense Report. If a receipt cannot be provided to you by a vendor, please include a memo along with this form justifying the expense and reason for not obtaining a receipt.

\*\* You are entitled up to \$5/day on Personal Phone Calls. Please provide documentation supporting this expense.

\*\*\* Tips will be reimbursed up to 15% for transportation. No other tips will be reimbursed

+ Laundry and Dry Cleaning expense will be reimbursed at the rate of \$2/day for Commissioned Corps Officers when in excess of 6 nights of travel.

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This Expense Report must be turned in with all original receipts to OPERC's Travel Coordinator before your Travel Voucher can be processed.

7 days after your travel voucher is signed please check with the Office of Travel Pay for the status of your reimbursement. Please email Stephen Garcia at [Stephen.Garcia@hhs.gov](mailto:Stephen.Garcia@hhs.gov).