

**UPPER COLUMBIA CONFERENCE TEACHER'S
AUTHORIZED 2010 TRAVEL EXPENSE REPORT**
(Form changes January 1, 2011)

NAME _____ DATE _____

I hereby make application for expense reimbursement of authorized travel

_____ as follows:
(Meeting/Convention)

DATE	FROM (location)	TO (location)	ROUND TRIP TOTAL MILES	TOTAL AMOUNT (RATE @ .38)

MISCELLANEOUS APPROVED EXPENSE:

	COST
MOTEL - Number of nights _____ (Attach original motel billing to this report)	\$ _____
PER DIEM - \$39/day - Number of days _____	\$ _____
Other (i.e. tips, shuttles, parking) – Please specify _____	\$ _____
TOTAL AMOUNT	\$ _____

Approved by _____

_____ Date