

DATE SUBMITTED:						
NAME:			SIGNAT	SIGNATURE:		
LOCATION OF HIRED	WORK:					
DATES OF TRAVEL:	FROM:		T0:	TO:		
		(date and time)		(date and time)		

## TOTAL TRIP EXPENSES BY CATEGORY:

• Track daily expenses on reverse side and transfer category totals here

• All receipts must accompany this form for items over \$5

• Expenses and receipts are due within 30 days of contracted work. The USEA reserves the right to deny reimbursement after 30 days.

EXPENSE TYPE	AMOUNT
Public Carrier/Airfare	\$
Private Automobile miles at <u>57.5</u> ¢/mile*	\$
Car Rental/Fuel*	\$
Taxi/Car Share Service	\$
Parking & Tolls	\$
Lodging	\$
Meals	\$
Other Expenses	\$
TOTAL EXPENSES	\$

\*The USEA will reimburse mileage if a private automobile is used OR cover the cost of a rental car and fuel.

APPROVED BY: NAME: \_\_\_\_\_\_DATE: \_\_\_\_\_DATE: \_\_\_\_\_\_DATE: \_\_\_\_\_\_DATE: \_\_\_\_\_DATE: \_\_\_\_\_DATE: \_\_\_\_\_DATE: \_\_\_\_\_DATE: \_\_\_\_\_DATE: \_\_\_\_\_DATE: \_\_\_\_\_DATE: \_\_\_\_\_DATE: \_\_\_\_\_\_DATE: \_\_\_\_\_\_DATE: \_\_\_\_\_\_DATE: \_\_\_\_\_\_DATE: \_\_\_\_\_\_DATE: \_\_\_\_\_\_DATE: \_\_\_\_\_\_DATE: \_\_\_\_\_\_DATE: \_\_\_\_\_\_DATE: \_\_\_\_\_DATE: \_\_\_\_\_DATE: \_\_\_\_\_\_DATE: \_\_\_\_\_DATE: \_\_\_\_\_\_DATE: \_\_\_\_\_\_DATE: \_\_\_\_\_\_\_DATE: \_\_\_\_\_\_\_\_DATE: \_\_\_\_\_\_DATE: \_\_\_\_\_\_DATE: \_\_\_

SIGNATURE:\_\_\_\_\_

Contracted personnel must adhere to the <u>USEA policy for corporate travel and business</u> expense.