



Travel Expense Summary Worksheet

Trip Purpose/Description:

Trip Authorized by: _____

Trip Approved by: _____

Signature

Signature

Departure Date: _____ Return Date: _____

Expense Description	Date:							Total Expenses	
	SUN	MON	TUE	WED	THUR	FRI	SAT		
Per Diem Meals (GSA Limits) <small>(check all that apply and fill in daily total)</small>	<input type="checkbox"/> Breakfast <input type="checkbox"/> Lunch <input type="checkbox"/> Dinner	<input type="checkbox"/> Breakfast <input type="checkbox"/> Lunch <input type="checkbox"/> Dinner	<input type="checkbox"/> Breakfast <input type="checkbox"/> Lunch <input type="checkbox"/> Dinner	<input type="checkbox"/> Breakfast <input type="checkbox"/> Lunch <input type="checkbox"/> Dinner	<input type="checkbox"/> Breakfast <input type="checkbox"/> Lunch <input type="checkbox"/> Dinner	<input type="checkbox"/> Breakfast <input type="checkbox"/> Lunch <input type="checkbox"/> Dinner	<input type="checkbox"/> Breakfast <input type="checkbox"/> Lunch <input type="checkbox"/> Dinner	<input type="checkbox"/> Breakfast <input type="checkbox"/> Lunch <input type="checkbox"/> Dinner	
	Total: \$	Total: \$	Total: \$	Total: \$	Total: \$	Total: \$	Total: \$	Total: \$	
Taxi/Shuttle ¹									
Telephone ¹									
Parking/Tolls ¹									
Lodging ¹									
Rental Car ¹									
Mileage ²									
0.56 Rate per mile									
Transportation ¹ <input checked="" type="checkbox"/> Air <input type="checkbox"/> Rail <input type="checkbox"/> Bus									
Other 1 ¹ :									
Other 2 ¹ :									
Other 3 ¹ :									
Other 4 ¹ :									

¹ Expense items greater than \$15 require receipts

² Attach proof of mileage calculation

Green Boxes are for data entry

Total:	
Less Prepaid:	
Less Employee share and/or other sources:	
Reimbursement Amt for DPR:	