

NERACOOS Expense Report

for travel and expense reimbursements

Instructions: Please fill out this form completely. See guidelines for more details, including mileage rate (www.gsa.gov/mileage) and meals.

Name:	Today's Date:		
Phone:	Travel Details (If requesting travel reimbursement)		
Address/City/ State/Zip:	Location:	TO:	FROM:
Purpose of Expense/Travel:	Date (s) of travel:	Start:	End:
	Time of travel:	Start:	End:

Expense Category	Day 1	Day 2	Day 3	Total	Notes
Meeting Registration Fee					
Travel Mileage (enter total miles traveled) or Car Rental					
Public Transportation/Taxi					
Airfare					
Parking					
Tolls					
Lodging					
Meals					
Supplies					
Other					
TOTAL					

I hereby certify that the above total requested reimbursements are proper charges. If requesting travel support, I have maintained a valid operator's license and my vehicle has been registered and insured; that the above mileage is correct and was incurred for official business. That the travel from my residence was shorter than the travel between my official station and the destination; that this travel expense complies with the state travel regulations.

Signature

For Office Use: