

TRAVEL EXPENSE FORM COLLEGE COMMUNITY SERVICES, INC.

Date: _____

Destination: _____

Organization: _____

Mileage: _____

Account: _____

Number of Persons: _____

Purpose of Travel: _____

Source of Funding: ___ Allocated \$ _____
 ___ Non-Allocated \$ _____
 ___ Combination \$ _____

Date	Leave	Return	Explanation	Transportation	Meals**	Lodging*	Other	Total

***AMOUNTS OVER THE DAILY ALLOWABLE MAXIMUMS MUST BE EXPLAINED**

Lodging \$75.00 per night

****MEALS ARE NOT FUNDED BY COF**

KEY:

“Explanation”—Identify points of travel

“Transportation:---Indicate cost of transportation (e.g., rental, gas, oil, tolls, etc.)

“Meals”---Indicate meal costs – keep in mind COF does not fund meals

“Lodging”---Indicate hotel/motel costs – keep in mind maximum daily allowances per person

“Other”---Indicate other allowable costs (e.g., parking fees).

CAUTION:

Remember that there are restrictions on the use of “allocated” funds. (see the COF By-Laws)

Reimbursement for personal car use is for **ACTUAL** costs (i.e., gas, oil) – there is **NO** per mile reimbursement.

Treasurer

Advisor

TRIP ROSTER

(PLEASE LIST THE NAME OF EACH PERSON TRAVELING)

1. _____
2. _____
3. _____
4. _____
5. _____
6. _____
7. _____
8. _____
9. _____
10. _____
11. _____
12. _____
13. _____
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22. _____
23. _____
24. _____
25. _____

(USE ADDITIONAL SHEETS IF NEEDED)