

Travel Expense Form

Name: _____

Date of Trip: _____

Destination: _____

Transportation

Mode of Transportation: _____

Airfare: _____

Car Rental: _____

Tolls: _____

Mileage at \$0.34 (IRS charitable rate + \$0.20) (if applicable): _____

Gasoline: _____

PLEASE NOTE: GPI WILL REIMBURSE MILEAGE ***OR*** GASOLINE, NOT BOTH

Total Transportation \$ _____

Lodging

_____ Nights @ \$ _____

Total Lodging \$ _____

Meals

Date	Breakfast	Lunch	Dinner	Other	Total
_____	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____
_____	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____
_____	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____
_____	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____
_____	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____
_____	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____

Total Meals \$ _____

TOTAL TRAVEL EXPENSES \$ _____

Check #: _____ Budget Category or Categories _____