

Family Child Care Partnerships
Travel Expense Report

Employee Work Copy

FY13

Name: _____ **Banner ID #:** _____

Reimbursement Period during which expenses were incurred:

Dates: _____

Purpose: _____

Departure: _____ **Date:** _____ **Time:** _____
(Destination Information)

Cities: _____ **From:** _____ **To:** _____

Odometer Reading: _____

Return: _____ **Date:** _____ **Time:** _____
(Return Home Information)

Cities: _____ **From:** _____ **To:** _____

Odometer Reading: _____

Expenses: # 220139 146700 2000 HF _____

70265 - Travel & Mileage _____ **@ .565** \$ _____

70265 - Per Diem - How many overnights? _____ **\$** _____
(\$75/day)

70285 - In-State Meals (same day travel) **\$** _____
(6 – 12 hrs = \$11.25; 12 – 24 hrs = \$30)

\$\$ Adjustments for Meals (FCCP Office ONLY) subtract - **\$** _____

TOTAL \$

Basic Skills Trainer/Senior Staff

Write Only Claiming and initial

Signature **Job Title** *Rev. 01/03/2013*