

Family Child Care Partnerships
Travel Expense Report

Employee Work Copy

FY09

Name: _____ Banner ID #: _____

Reimbursement Period (dates) during which expenses were incurred:

Purpose: _____

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

Cities: From _____ To _____

Odometer Reading: _____

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

Cities: From _____ To _____

Odometer Reading: _____

70265 - Travel & Mileage _____ @ **.585** \$ _____

70265 - Travel & Mileage _____ @ **.55** \$ _____

70265 - Per Diem - How many overnights? _____ \$ _____
(**\$75 per travel 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 Amount Claimed \$ _____

*** (Write - Only Claiming)

Basic Skills Trainer

Signature _____

Job Title _____

Rev. 10/23/08