

## UMATILLA-MORROW COUNTY HEAD START, INC. TRAVEL EXPENSE REPORT

NAME \_\_\_\_\_

LEAVE (DATE & TIME) \_\_\_\_\_

ADDRESS \_\_\_\_\_

RETURN (DATE & TIME) \_\_\_\_\_

| DATE   | DAILY ITINERARY |        | LODGING   | MEALS & INCIDENTAL EXPENSES              |       | DAILY TOTAL                              | REIMBURSABLE TRANSPORTATION* |        | OTHER EXPENSES                          |        |  |
|--|-----------------|--------|---|--|-------|--|------------------------------|--------|---|--------|--|
|  | Depart          | Arrive | Subsistence   | Quarters                                 | Total |  | Description                  | Amount | Description                             | Amount |  |
|  | Place           |        |   | 1 _____<br>2 _____<br>3 _____<br>4 _____ |       |  |                              |        |   |        |  |
|  | Time            |        | \$  |  | \$    | \$                                       |                              |        |   |        |  |
|  | Place           |        |   | 1 _____<br>2 _____<br>3 _____<br>4 _____ |       |  |                              |        |   |        |  |
|  | Time            |        | \$  |  | \$    | \$                                       |                              |        |   |        |  |
|  | Place           |        |   | 1 _____<br>2 _____<br>3 _____<br>4 _____ |       |  |                              |        |   |        |  |
|  | Time            |        | \$  |  | \$    | \$                                       |                              |        |   |        |  |
|  | Place           |        |   | 1 _____<br>2 _____<br>3 _____<br>4 _____ |       |  |                              |        |   |        |  |
|  | Time            |        | \$  |  | \$    | \$                                       |                              |        |   |        |  |
|  | Place           |        |   | 1 _____<br>2 _____<br>3 _____<br>4 _____ |       |  |                              |        |   |        |  |
|  | Time            |        | \$  |  | \$    | \$                                       |                              |        |   |        |  |
| <b>TOTAL EXPENSES</b>  |                 |        |   |  |       | \$                                       |                              |        |   |        |  |
| <b>FOR OFFICE USE ONLY:</b><br><br><b>EXECUTIVE DIRECTOR</b><br><br><b>ACCOUNT #</b> _____ |                 |        | <u>USE THESE SYMBOLS</u><br>A - Air   T - Taxi   B - Bus   RC - Rental Car<br><br>R - Rail   POV - Privately Owned Vehicle (Show destination and mileage)<br>AOV - Agency Owned Vehicle |  |       | Purpose of Trip: _____<br>_____<br>_____ |                              |        | <b>Total Expenses</b>                   |        |  |
|  |                 |        |   |  |       |  |                              |        | Less Travel Advance                     |        |  |
|  |                 |        |   |  |       |  |                              |        | Balance Due UMCHS/Traveler (Circle One) |        |  |

In consideration of receiving an advance on my travel expenses, I hereby voluntarily authorize UMCHS to withhold from my paycheck any unused portion of this travel advance which I have not reimbursed to UMCHS within 15 days after returning.

SIGNATURE \_\_\_\_\_

DATE \_\_\_\_\_

**RETURN:** I certify that the above is correct and that payment has not previously been received.

SIGNATURE \_\_\_\_\_

DATE \_\_\_\_\_