

**PROVINCE IV**

**TRAVEL & EXPENSE REPORT**

RECEIPTS (ORIGINAL) MUST ACCOMPANY ALL EXPENDITURES IN EXCESS OF \$25.00

\*\*\*EXPENSES MUST BE LESS THAN 6 MONTHS OLD\*\*\*

PLEASE TYPE OR PRINT CLEARLY

<b>NAME</b>	
<b>STREET</b>	
<b>CITY/STATE/ZIP</b>	
<b>PURPOSE</b>	
<b>SIGNATURE &amp; DATE</b>	

<b>DATE</b>							
<b>CITY</b>							
<b>BREAKFAST</b>							
<b>LUNCH</b>							
<b>DINNER</b>							
<b>ENTERTAINMENT (A)</b>							
<b>LODGING</b>							
<b>AIRFARE/TRAINFARE **</b>							
<b>LOCAL TRANSPORTATION</b>							
MILES@            / MILE*							
<b>AUTO RENTAL</b>							
<b>TOLLS</b>							
<b>PARKING</b>							
<b>POSTAGE</b>							
<b>TELEPHONE &amp; FAXES (B)</b>							
<b>OTHER (DESCRIBE):</b>							
<b>TOTAL EXPENSES</b>							
<b>LESS ADVANCE</b>							
<b>NET REIMBURSEMENT DUE (DUE PROVINCE IV)</b>							

REQUISITION AUTHORIZED BY \_\_\_\_\_ DATE \_\_\_\_\_

Mail completed form with receipts attached to:

Kathryn McCormick  
 1833 St. Ann  
 Jackson MS 39202  
 601-260-1908

\*Mileage Allowances  
 57.5 per mile

\*\* ALL ORIGINAL TRAIN/AIRFARE TICKET STUB(S) MUST BE SUBMITTED IN ORDER FOR REIMBURSEMENT TO BE PROCESSED\*\*

Revised 10/





