

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

NAME	
STREET	
CITY/STATE/ZIP	
PURPOSE	
SIGNATURE & DATE	

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

REQUISITION AUTHORIZED BY _____ DATE _____

Mail completed form with receipts attached to:

Barbara G. Mann
 413 Buffware Court
 Charleston, SC 29492
 843-388-9512

*Mileage Allowances
 6/1/2008 - 58.5 cents per mile
 1/1/2009 - 55 cents per mile
 1/1/2010 - 50 cents per mile

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

Revised 1/3

