

**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									TOTAL
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  
 PO Box 1772  
 Mt. Pleasant SC 29465  
 843-971-8150

\*Mileage Allowances  
 1/1/2006- 44.5 cents per mile  
 1/1/2007 - 48.5 cents per mile

REIMBURSEMENT TO BE PROCESSED\*\*

Revised 1/16/06

