

WBACTC Travel Expense Report

~ July 2010 ~

Name: _____

Department: _____

Period: _____

Per Mile Reimbursement: _____

Total Reimbursement Due: _____



Date Submitted: _____

Authorized Signature: _____

Date	Description of Expense	Lodging	Ground Transportation (Gas, Rental Car, Taxi)	Meals & Tips	Conferences and Seminars	Miles (Personal Car Only)	Mileage Reimbursement	Miscellaneous	U.S. \$
Total Mileage Reimbursement:								Total Reimbursement:	