

# Travel Expense Report Form - Appendix B to OCO Travel Reimbursement Policy

## Oswego County Opportunities, Inc

### TRAVEL EXPENSE REPORT

**For accounting use only.** Processed: \_\_\_\_\_ Reviewed: \_\_\_\_\_  
 Approved: \_\_\_\_\_ Date: \_\_\_\_\_

NAME: \_\_\_\_\_

TRNG/CONF/MTG ATTENDED: \_\_\_\_\_

TRAVEL DATES: FROM (Date & Time): \_\_\_\_\_

LOCATION: \_\_\_\_\_

TO (Date & Time): \_\_\_\_\_

City

State

	Saturday	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	TOTAL
Per Diem rate(if used) <b>Please call Accounting for assistance:</b>								
<b>Attach receipts for each item claimed.</b>								
1. Lodging (also attach justification if cost exceeds Federal Limits)								
2. Air/Rail/Bus Fare								
3. Local Transportation								
4. Car Rental								
5. Rental Car Gas/Oil								
6. Parking								
7. Tolls								
8. Misc. Gratuities (other than for meals)								
9. Miscellaneous**								

• If you received a PER DIEM allowance, any Meals or Room Service charged to your hotel room must be deducted from this reimbursement request.

\*\*Miscellaneous Expenses must be itemized below.

Date	Item	Amount	

<b>Total of lines 1-9</b>	10		
Meals/incidentals chg'd to room if per diem rec'd	11		
Net Expenses(deduct line 10 minus line 11)	12		
Travel Money Advanced (not per diem)	13		
If 12 is greater than 13, <b>amount due you</b>	14		
If 13 is greater than 12, <b>amount due agency</b>	15		

TRANSACTION CODE	ELEMENT	PROJECT	AMOUNT
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TRANSACTION CODE	ELEMENT	PROJECT	AMOUNT
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**I hereby affirm that the information I am submitting is a true and accurate account of expenses related to travel on authorized agency business.**

Employee's Signature \_\_\_\_\_ Date \_\_\_\_\_

Supervisor's Signature \_\_\_\_\_ Date \_\_\_\_\_

Department Authorized Approval Signature \_\_\_\_\_