

**NORTHEASTERN CONFERENCE OF SDA
SPECIAL TRAVEL EXPENSE REPORT
(ONE REPORT PER TRIP)**

Special Travel reports received by the 11th will be included in the 1st pay period pymt on the 15th of the month, and reports received by the 26th will be included in the 2nd pay period pymt on the last day on the month.

CREDIT CARD OR BANK STATEMENTS ARE NOT ACCEPTABLE FORMS OF RECEIPTS

EMPLOYEE ID# _____ **NAME** _____ **DATE** _____

Employee number can be found on the montly payroll check stub.

PURPOSE OF TRIP: _____

DESTINATION : FROM _____ **TO:** _____

DATE OF TRIP: FROM _____ **TO:** _____

NUMBER OF PERSONS IN PARTY : _____

EXPENSES

1. MILEAGE (ROUND TRIP) _____ X **0.39** = _____
Miles Rate

2. PER DIEM _____ X _____ = _____
Days Rate

3. TOLLS (Omit if included on monthly toll report submission) _____

4. PARKING _____

5. TAXI _____

6. GRATUITY _____

7. AIR FARE (Attach Receipts*) _____

8. GROUND FARE (Attach Receipts*) _____

9. LODGING (Attach Receipts*) _____

10. OTHER EXPENSES (Attach Receipts*)

**Missing receipts will result in delay of payment or ommision of item without receipt.*

TOTAL EXPENSES : _____

LESS ADVANCE : CK# _____

TOTAL DUE TO WORKER: _____

PLEASE NOTE THAT DEPARTAMENTAL MEETINGS APPROVED BY THE ADMINISTRATION ARE AUTOMATICALLY COVERED FOR SPECIAL TRAVEL. ANY EXCEPTION MUST BE APPROVED.

PLEASE INDICATE WHICH OFFICE APPROVED THIS TRAVEL:

PRESIDENT _____ TREASURER _____ SECRETARY _____

IF NO INDICATION IS MADE, THIS FORM WILL BE RETURNED TO YOU **UNPROCESSED.**

SIGNATURE _____