DATE SUBMITTED:		
NAME:	SIGNATURE:	
LOCATION OF HIRED WORK:		
DATES OF TRAVEL: FROM:(date and time)	TO:	
(date and time)	(da	ite and time)
TOTAL TRIP EXPENSES BY CATEGORY:  • Track daily expenses on reverse side and transfer category totals  • All receipts must accompany this form for items over \$5  • Expenses and receipts are due within 30 days of contracted work		e right to deny reimbursement after 30 days.
EXPENSE TYPE	AMOUNT	
Public Carrier/Airfare	\$	
Private Automobile miles at <u>.56¢</u> /mile*	\$	
Car Rental/Fuel*	\$	
Taxi/Car Share Service	\$	
Parking & Tolls	\$	
Lodging	\$	
Meals	\$	
Other Expenses	\$	
TOTAL EXPENSES	\$	
*The USEA will reimburse mileage if a private automobi	le is used OR cover	the cost of a rental car and fuel.
APPROVED BY: NAME:	DATE:	
SIGNATURE:		

Contracted personnel must adhere to the <u>USEA policy for corporate travel and business</u> expense.