

Southeastern California Conference of Seventh-day Adventists Travel and Expense Report

Name _____ Reporting Period _____

Address _____ Telephone _____

EXPLANATIONS AND INSTRUCTIONS

Mileage —▶ Please report the actual miles driven under Mileage column. Current reimburse rate is
 Per Diem —▶ **When on approved SECC travel.** Please input the correct amount under Per Diem column.
 Full Per Diem \$58.00 (employee paid for 1 meal a day, we provide ½ per diem rate (\$29);
 employee paid for 2+ meals a day, we provide full per diem rate).
 When fully entertained \$20.00 (employee did not purchase any meals for the day)
 Family authorized travel: Worker & Spouse \$102.00
 Each Child \$29.00
 Travel —▶ Transportation other than by personal vehicle.
 Lodging —▶ Actual lodging expense. **Hotel charge slip required.**

DATE	DESCRIPTION Activity, Location, or Destination	PERSONAL		TRAVEL Airfare, Etc.	CAR RENTAL Parking, Tolls & Gas	LODGING	OTHER
		Mileage	Per Diem				
Verify Total in Each Column							

REQUESTED BY: _____ DATE: _____
 APPROVED BY: _____ DATE: _____

BELOW FOR OFFICE USE ONLY

GL Account #
 11356 Special Travel _____
 33012 A/R Deductions _____
 10500 Moving Expense _____
 10510 Moving Allowance _____
 _____ _____ _____
 _____ _____ _____
 Total Reimbursed _____