



**SOUTHWEST REGION CONFERENCE OF SDA
 SPECIAL TRAVEL EXPENSE REPORT**

NAME: _____

ADDRESS: _____

City	State	Zip
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ITINERARY: From: _____ To: _____

From: _____ To: _____

DATE BEGAN: _____ DATE ENDED: _____

PURPOSE OF TRIP: _____

EXPENSES:

- Airfare \$ _____
- Auto Rental \$ _____
- Gasoline (Rented Car) \$ _____
- Mileage (Own Car) _____ X \$0.42 = \$ _____
- Parking \$ _____
- Toll Roads \$ _____
- Per Diem _____ Day X \$48.00 = \$ _____
- Hotel \$ _____

TOTAL EXPENSES: \$ _____

LESS ADVANCES:

Ticket \$ _____

Cash \$ _____

TOTAL ADVANCE: \$ _____

NET AMOUNT DUE WORKER: \$ _____

Signed: _____ Date: _____

Approved: _____

***Please attach documentation**