

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 \$54 (employee paid for 1 meal a day, we provide ½ per diem rate; employee paid for 2+ meals a day, we provide full per diem rate).
 When fully entertained \$19.00 (employee did not purchase any meals for the day)
 Family authorized travel:
 Worker & Spouse \$81.00

Travel —→ Transportation other than by personal vehicle.

Lodging —→ Actual lodging expense. **Motel 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 _____