

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 \$56 (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 \$20.00 (employee did not purchase any meals for the day)
 Family authorized travel:
 Worker & Spouse \$84.00

Travel —▶ Transportation other than by personal vehicle.

Lodging —▶ Actual lodging expense. **Motel charge slip required.**

DATE	DESCRIPTION <small>Activity, Location, or Destination</small>	PERSONAL		TRAVEL <small>Airfare, Etc.</small>	CAR RENTAL <small>Parking, Tolls & Gas</small>	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** _____