

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	CAR RENTAL	LODGING	OTHER
		Mileage	Per Diem	Airfare, Etc.	Parking, Tolls & Gas		
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	_____