Southeastern California Conference of Seventh-day Adventists

Travel and Expense Report

Name				_ Reporting Period _ Telephone			
Per Diem	 Please report the actual miles of When on approved SECC transform Full Per Diem When fully entertained Family authorized trave Worker & Spout Transportation other than by performed 	vel. Please \$! \$2 el: use \${	input the co 56 (employe employee pai 20.00 (emplo 84.00	orrect amount e paid for 1 mea d for 2+ meals a		m column. de ½ per diem ra full per diem rate	
	→ Actual lodging expense. Motel						
DATE	DESCRIPTION Activity, Location, or Destination		SONAL Per Diem	TRAVEL Airfare, Etc.	CAR RENTAL Parking, Tolls & Gas	LODGING	OTHER
Ve	erify Total in Each Column						
REQUEST	TED BY:				DATE: _		
APPROVED BY:							
GL Accour 11356 33012 10500 10510	nt # Special Travel A/R Deductions Moving Expense Moving Allowance						
	Total Reimbursed						