Expense Reimbursement Request

Name: _____

Event: _____

Travel/Event Dates: _____

Travel Expenses - Based on the January 1, 2023 GSA mileage and M&IE rate schedule

Mileage - $.655 P/M; M& IE - $69 ($16 Breakfast; $17 Lunch; $31 Dinner; $5 Incidentals)

Rreceipts MUST accompany this form

Date	Time	Departure/Arrival Address - Location/Event - Purpose	Miles	Miles x $.655	Airfare	Hotel	Meals (Per Diem)	Parking	Tolls	Total
				$	$	$	$	$	$	$ -
				$	$	$	$	$	$	$ -
				$	$	$	$	$	$	$ -
				$	$	$	$	$	$	$ -
				$	$	$	$	$	$	$ -
				$	$	$	$	$	$	$ -
				$	$	$	$	$	$	$ -
				$	$	$	$	$	$	$ -
				$	$	$	$	$	$	$ -
				$	$	$	$	$	$	$ -
				$	$	$	$	$	$	$ -
				$	$	$	$	$	$	$ -
				$	$	$	$	$	$	$ -
				$	$	$	$	$	$	$ -
				$	$	$	$	$	$	$ -
		Totals	0	$ -	$ -	$ -	$ -	$ -	$ -	$ -

Miscellaneous Expenses

Date	Item/Event/RVP/Destination/Explanation	Supplies	RVP	Misc.	Total
		$	$	$	$ -
		$	$	$	$ -
		$	$	$	$ -
		$	$	$	$ -
		$	$	$	$ -
		$	$	$	$ -
		$	$	$	$ -
	Totals	$ -	$ -	$ -	$ -

All receipts must accompany this form

Total amount submitted: $ _____ **Signature:** _____ **Date Submitted:** _____

Submit completed form to the North County USBC Association manager at: 306 W. El Norte Pkwy #95., Escondido, CA 92026

For Official Use Only

Approved by: _____ Signature: _____

Amount Paid: $ _____ Date Paid: _____ Warrant number: _____

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