

# Kenosha Area Family and Aging Services, Inc.

## TRAVEL EXPENSE REPORT & REIMBURSEMENT REQUEST

**Employee Name:** \_\_\_\_\_ **DEPT:** \_\_\_\_\_

**PURPOSE OF TRAVEL:** \_\_\_\_\_

**LOCATION:** \_\_\_\_\_

**LOCATION:** \_\_\_\_\_

Dates Incurred						
Items						Totals
Airfare						
Lodging						
Meals						
Parking& Tolls						
Taxi						
Tips						
Total paid by employee						

Miles driven						
x \$.42 mileage rate						
Total mileage reimbursement						

Total All Expenses						
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Minus Advance						
Total Reimbursement						

Please attach all Receipts and Agenda!!

Employee's Signature \_\_\_\_\_

Supervisor's Signature \_\_\_\_\_