

**NEC/Perkins School for the Blind
Domestic Travel Expense Report**



Name: _____

Date of Trips _____

Travel To: _____

Purpose of Trip: _____

1. 74000 – Conference Fees	\$	-
2. 75110 – Mileage/Tolls/Parking	\$	-
3. 75120 – Taxi/Public Transportation/Car Rental	\$	-
4. 75210 – Airfare/Baggage Fees/Travel Insurance	\$	-
5. 75220 – Hotel/Phone/Tips	\$	-
6. 76100 – Meals (Includes Official Entertaining)	\$	-
7. 78020 – Supplies/Gifts	\$	-

8. TOTAL EXPENSES	\$	-
	Cash Advanced	\$
Balance Due or (Cash Return):		0.00

Signed _____

Subaccount number to charge _____ (please fill in all 6 digits)

Date of Report _____

Supervisor's Approval _____

Supervisor's initial on missing receipt total _____ \$0.00 total missing receipts

President's Approval _____ (if total expenses less airfare exceed \$1,000)