



EXPENSE REPORT

NAME

DATE OF REPORT

ADDRESS

CITY/STATE/ZIP CODE

INSTRUCTIONS:

1. Attach all receipts and enter on the correct line. Meeting Meal receipts must include meal detail, names of attendee's, and the purpose of the meeting on the receipt.
2. Actual meal costs will be paid unless per diem (\$50 per day) is authorized. Per diem for partial days are as follows: \$10.00 for breakfast; \$15.00 for lunch; \$25.00 for dinner
3. Mileage is paid at the rate of 62.5 cents per mile.
4. Total amount paid for driving will not exceed the cost of the round-trip airfare from closest airport (to home and to Championship) purchased at least three weeks prior to Championship dates.

Please fill out the form below and return it within 15 days of travel.

SIGNATURE OF TRAVELER

APPROVED BY

DATE OF REPORT

ITEM	EXPENSE	SUN.	MON.	TUE.	WED.	THU.	FRI.	SAT.	ITEM TOTALS
1	AIRLINE TICKET								
2	CAR RENTAL/TAXI/RIDESHARE								
3	TOLLS/GAS/PARKING								
4	AUTO MILEAGE (62.5 CENTS)								
5	HOTEL								
6	POSTAGE								
7	MISC. (EXPLAIN)								
8	PER DIEM								

TOTAL:

PURPOSE OF TRIP:	CHECKED BY:	LESS ADVANCE	
	DATE:	LESS CHARGES BILLED DIRECTLY TO USA SOFTBALL	
	REMARKS:	BALANCE DUE TRAVELER	

*EXPLAIN BELOW IN DETAIL			
ITEM	DATE	EXPLANATION	AMOUNT
ITEM			
ITEM			
ITEM			