



**NORTH CENTRAL TEXAS TRAUMA REGIONAL ADVISORY COUNCIL
OFFICER / COMMITTEE CHAIR / AUTHORIZED PERSON EXPENSE REPORT**

NAME: _____

DATE: _____

PURPOSE OF TRAVEL & DATE(S): _____

Official Business Purpose of Trip or Event; Itinerary: From - To Description of Expenses Nature of Incidental Expenses, course scholarships, etc. Indicate Time of Departure on Departure Date and Arrival on Return Date List beginning & ending odometer reading for Personal Vehicle Mileage (List each travel date separately.)	Month and Day of Travel	Expenses to be Reimbursed						
		Personal Vehicle Mileage	Fares: Air, Auto, Taxi	Lodging	<u>*GSA Per Diem Rate Meals and Incidentals</u>	Incidental Expenses	Total Expenses to be Reimbursed	
							-	
							-	
							-	
							-	
							-	
							-	
							-	
							-	
							-	
							-	
							-	
							-	
							-	
Totals			-	-		-	-	
I certify this account of travel expenses is accurate and conforms with all applicable NCTTRAC regulations. The expenses are actual, reasonable and were personally incurred in the performance of my official duties. No portion of this claim was provided free of charge, covered by a registration fee, previously reimbursed from any other source or will be paid from any other source in the future.	Total Mileage	-	Mileage Rate: \$ 0.580				-	
	Total Travel Expense to be Reimbursed							-
	Please attach original receipts or supporting data to this report.							
Total Reimbursement Requested							-	
Comptroller	ACCOUNT:				AMOUNT TO BE REIMBURSED BY CHECK			

OFFICER/COMMITTEE CHAIR/AUTHORIZED PERSON SIGNATURE _____ DATE _____ APPROVED FOR PAYMENT _____ DATE _____

*GSA Per Diem Rates for meals and incidentals are based on travel desitnation: <http://www.gsa.gov/portal/category/104711>