



# EXPENSE AND BUSINESS TRAVEL SUBSTANTIATION REPORT

CHECK:	<b>TREASURER'S USE ONLY</b>
AMOUNT	
DATE PAID	

NAME/COMPANY				DATE	
MAILING ADDRESS				APT NO.	
CITY		STATE		ZIP CODE	
EMAIL ADDRESS				TELEPHONE (incl. area code)	
<b>STATE COUNCIL POSITION :</b> <input type="checkbox"/> President <input type="checkbox"/> President-elect <input type="checkbox"/> Treasurer <input type="checkbox"/> Treasurer-elect <input type="checkbox"/> Secretary <input type="checkbox"/> Immediate Past-President <input type="checkbox"/> Director-at-Large <input type="checkbox"/> Committee Chair <input type="checkbox"/> Delegate <input type="checkbox"/> Chapter Level _____ <div style="display: flex; justify-content: space-between;"> <span>COMMITTEE NAME _____</span> <span>(Chapter Rep)</span> </div>					
<b>PURPOSE OF TRAVEL:</b> (Check One) <input type="checkbox"/> STATE COUNCIL MTG <input type="checkbox"/> LEADERSHIP <input type="checkbox"/> DELEGATE <input type="checkbox"/> STATE LEADERS ORIENTATION				DATE(S) OF BUSINESS TRAVEL:	
EXPENSE ITEMS					AMOUNT
TRANSPORTATION (Select EITHER airfare OR mileage) <i>** Attach receipts. Mileage will be based on mapquest calculated miles at the current IRS official reimbursement rate; maximum reimbursement equal to 21-day advance airfare cost.</i>			<input checked="" type="radio"/> AIRFARE (21 day advance)		\$
			<input type="radio"/> MILEAGE \$0.58 / mile <small>Enter roundtrip mileage:</small>		DEPARTURE CITY
			DESTINATION CITY		\$ 0.00
ACCOMMODATIONS					\$
PER DIEM	Day 1	Day 2	Day 3	Day 4	TOTAL PER DIEM
<b>Actual Expenses</b>					
Meals	\$	\$	\$	\$	
Transportation	\$	\$	\$	\$	
Incidentals	\$	\$	\$	\$	
Daily Total	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00
Miscellaneous Business Expenses					\$
<b>Please list:</b>					\$
<b>(Attach receipts)</b>					\$
					\$
					\$
<b>TOTAL EXPENSES</b>					\$ 0.00

Receipts for any expenditure less than \$75 are not required. This report must be completed, signed and returned to CalENA within 30 days of the travel end date. Any reimbursement requests received more than 30 days after the end of the calendar year cannot be honored.

Traveler Signature: \_\_\_\_\_ Date: \_\_\_\_\_

(Your electronic signature will be accepted by typing your full name or your initials; you may also place a graphic version of your signature.)