



EXPENSE AND BUSINESS TRAVEL SUBSTANTIATION REPORT

| | |
|-----------|---------------------------------|
| CHECK: | TREASURER'S USE ONLY |
| AMOUNT | |
| DATE PAID | |

| NAME/COMPANY | | | | DATE | | |
|--|----------|----------|--------------------------|-----------------------------|-------------------|----|
| MAILING ADDRESS | | | | APT NO. | | |
| CITY | | STATE | | ZIP CODE | | |
| EMAIL ADDRESS | | | | TELEPHONE (incl. area code) | | |
| STATE COUNCIL POSITION : <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;"> COMMITTEE NAME _____ (Chapter Rep) </div> | | | | | | |
| PURPOSE OF TRAVEL: (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: Airfare; mileage to/from home to/from airport ** 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.) | | | AIRFARE (21 day advance) | | \$ | |
| | | | Mileage: enter IRS rate | DEPARTURE CITY | | |
| | | | Enter roundtrip mileage: | DESTINATION CITY | | \$ |
| ACCOMMODATIONS | | | | | \$ | |
| PER DIEM | Day 1 \$ | Day 2 \$ | Day 3 \$ | Day 4 \$ | TOTAL PER DIEM \$ | |
| ACTUAL EXPENSES | | | | | | |
| Transportation: e.g. taxi, ride services, ride tips, rental car | \$ | \$ | \$ | \$ | | |
| Parking Fees | \$ | \$ | \$ | \$ | | |
| Tolls | \$ | \$ | \$ | \$ | | |
| Daily Total | \$ | \$ | \$ | \$ | \$ | |
| Other Miscellaneous Business Expenses Please list: (Attach receipts) | | | | | \$ | |
| | | | | | \$ | |
| | | | | | \$ | |
| | | | | | \$ | |
| | | | | | \$ | |
| TOTAL EXPENSES | | | | | \$ | |

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.)