



Travel Expense Worksheet

| | | | | | |
|---|--------------|---|-------------------|------|---------------|
| Name | | | Phone Number | | |
| E-mail | | | Vehicle License # | | |
| Purpose | | | | | |
| Trip hours | Dates | Departed | Returned | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| Expenses | Dates | Details | | | Amount |
| Transportation | | <input type="checkbox"/> Air <input type="checkbox"/> Taxi <input type="checkbox"/> Rental car <input type="checkbox"/> Other | | | |
| | | <input type="checkbox"/> Air <input type="checkbox"/> Taxi <input type="checkbox"/> Rental car <input type="checkbox"/> Other | | | |
| | | <input type="checkbox"/> Air <input type="checkbox"/> Taxi <input type="checkbox"/> Rental car <input type="checkbox"/> Other | | | |
| | | <input type="checkbox"/> Air <input type="checkbox"/> Taxi <input type="checkbox"/> Rental car <input type="checkbox"/> Other | | | |
| Own car | | Mileage | | | |
| Lodging | | Location | | | |
| | | Location | | | |
| | | Location | | | |
| | | Location | | | |
| Meals | | (Not to exceed \$34/day) | | | |
| | | (Not to exceed \$34/day) | | | |
| | | (Not to exceed \$34/day) | | | |
| | | (Not to exceed \$34/day) | | | |
| | | | | | |
| Other | | Purpose | | | |
| | | Purpose | | | |
| | | Purpose | | | |
| | | Purpose | | | |
| Please attach receipts for all listed expenses, sign the form and send to the OHE Travel Coordinator | | | | | |
| | | | | | |
| | | | | | |
| Signature | | | | Date | |