

**DISTRICT 1199C TRAINING & UPGRADING FUND
TRAVEL EXPENSE REPORT**

Name: _____

Purpose of Travel: _____

Dates of Travel: _____

Destination: _____

Department (*to be charged for expenses*): _____

Date	Category	Description	Mileage Rate	Total Mileage	Total Mileage Amount	Total Amount
	Hotel/Lodging					
	Transportation/Fares					
	Meals					
	Parking					
	Mileage					
	Tolls					
	Registration Fees					
	Other (Please specify)					
Totals						\$0.00

PREPARED BY: _____

APPROVED BY: _____

(Note: Please use one form per travel)