SOUTH CAROLINA STATE COUNCIL
TRAVEL EXPENSE FORM

NAME_____

ADDRESS_____

CITY_____ **ST**____ **ZIP**_____ **PHONE (**_____**)**_____

PURPOSE OF TRAVEL_____

TRAVEL DATES: START_____ **RETURN** _____

DESTINATION ADDRESS: CITY _____ **ST** ____ **ZIP** _____

Expenses

1. TRANSPORTATION: **AIRFARE** **$**_____

GROUND

FARES **$**_____

PARKING/TOLLS **$**_____

PERSONAL AUTO

(RT MI x .$0.45* or actual fuel costs) **$**_____

***rate determined by State Council, subject to change**

2. PER DIEM/ MEALS (as authorized before trip) **$**_____

3. LODGING (as authorized before trip, normally ½ room) **$**_____

3. OTHER (IE: PHONE, FAX, POSTAGE, SUPPLIES & REPRODUCTION)

SPECIFY _____ **$**_____

TOTAL **$**_____

SIGNATURE_____**DATE**_____

RECEIPTS MUST BE ATTACHED! NO RECEIPTS, NO REIMBURSEMENT!

Is this one of a multiple part submission for the same trip? Yes ___ No ___

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APPROVED BY _____ **DATE**_____

CHECK PROCESSED BY_____ **DATE**_____

CHECK NUMBER_____