

Senior Service America, Inc. (SSAI) Agriculture Conservation Experienced Services (ACES) Program

Travel Expense Report

Name:								Dept / Sponsor:	
Purpose:									
Departure Date:			Time:		Return Date:			Time:	
Destination(s) incl: city state	EXPENSE DETAIL							TOTALS	
								To Be Reimb	Chrg to ACES
Account to be charged:		Regional			Headquarters				
		___% <input type="checkbox"/>	___% <input type="checkbox"/>	___% <input type="checkbox"/>	___% <input type="checkbox"/>	___% <input type="checkbox"/>			
Date									
Per Diem									
Hotel (incl. tax)									
Airline Ticket									
Car Rental									
Gas for Rental									
Private Car Odometer Readings									
From:									
To:									
Number of Miles:									
Total Miles Driven:	@ \$0.50 / mile		Enter total here >						
Local Transport.									
Parking									
Tolls									
Other expenses must be detailed on back.						Enter total here >			
TOTALS:									
Traveler's Sig. _____ Date _____					LESS TRAVEL ADVANCE: \$				
NRCS Approving Official _____ Date _____					(Check No. _____):			\$	
ACES Approving Official _____ Date _____					Balance Due Traveler :			\$	
					DUE ACES :				

RECEIPTS MUST BE PROVIDED FOR ALL EXPENSES

