



SSAI - SEE Program Travel Expense Report

Name: _____								Dept / Sponsor: _____		
Purpose: _____										
Departure Date:		Time:		Return Date:		Time:				
Destination(s) incl: city state	E X P E N S E D E T A I L							TOTALS		
								To Be Reimb.	Chrg to SSAI	
Account to be charged:		Regional			Headquarters					
		___% <input type="checkbox"/> PGM ___% <input type="checkbox"/> ENF ___% <input type="checkbox"/> STAG			___% <input type="checkbox"/> PGM ___% <input type="checkbox"/> TRI					
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:	@ \$.055 / mile		<i>Enter total here ></i>							
Local Transport.										
Parking										
Tolls										
Other expenses must be detailed on back.						<i>Enter total here ></i>				
TOTALS:										
Traveller's Sig. _____ Date _____				LESS TRAVEL ADVANCE: \$						
EPA Approving Official _____ Date _____				(Check No. _____): \$						
SSAI Approving Official _____ Date _____				Balance Due Traveller: \$						
						DUE SSAI: \$				

RECEIPTS MUST BE PROVIDED FOR ALL EXPENSES

CONTINUED ON BACK →

