



**TRAVELER EXPENSE FORM**

Work Order #: 300-930-03

7833 Walker Drive, Suite 560, Greenbelt, MD 20770  
 301-345-3211 / 800-634-6326 / 301-345-4659 fax

Name: Geoffrey Fox

Address: \_\_\_\_\_  
 (where check should be sent) \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

Phone / E-mail: 315 - 254-6387 gcf@indiana.edu

Meeting Information: ESE Computational 4/30/02 Washington, DC

City of Origin & Destination: \_\_\_\_\_

	SAT	SUN	MON	TUES	WED	THURS	FRI
Departure Date							
Return Date							

EXPENSES (Traveler Use)      CHARGE CODE (Acct. Use Only)

- 1. Air / Train  
 Check here if prepaid  Yes \_\_\_\_\_
- 2. Hotel / Lodging at **\$150.00** +tax a night for \_\_\_\_\_ nights...  
 Prepaid Hotel: **Washington Plaza Hotel** \_\_\_\_\_
- 3. Meal Per Diem a c **\$46.00** \_\_\_\_\_ days (75% first/last day)..... \_\_\_\_\_
- 4. Rental Car (Total plus taxes)..... \_\_\_\_\_
- 5. Parking ..... \_\_\_\_\_
- 6. Tolls..... \_\_\_\_\_
- 7. Private automobile \_\_\_\_\_ miles at 36.5 cents a mile.....  
 Origin \_\_\_\_\_ Destination \_\_\_\_\_ Round-Trip \_\_\_ One-way \_\_\_
- 8. Taxi / shuttle..... \_\_\_\_\_
- 9. Other..... \_\_\_\_\_

**X** \_\_\_\_\_  
**Traveler Signature/Date & Soc. Security #**  
Laura Madachy  
 Conference Coordinator (Mail to attention)

**EXPENSES** \_\_\_\_\_  
**DEDUCT PREPAID** \_\_\_\_\_  
**TOTAL DUE TRAVELER** \_\_\_\_\_

\_\_\_\_\_  
**Travel Coordinator Approval & Date**

**Please sign & send original receipts on a separate paper . Check will be issued by RSIS in 30-45 days.**