Batch Number: _____   Voucher Number: _____
Vendor Name: _____   Due Date: _____
Invoice Number: _____ Description: _____
Invoice Date: _____   Reference: _____

AMERICAN COUNCIL ON EDUCATION
One Dupont Circle, NW, Washington, DC 20036-1193

Travel Expense Report

This report must be completed **30 days** from the return of authorized travel. Travel advances should be accounted for and any unused funds should be attached to this report (checks should be made payable to American Council on Education or ACE). Local staff travel expenses (taxis, hosting of meals, etc.) should be reconciled monthly.

The reverse side of this form must be completed showing a daily report (a requirement of the Internal Revenue Service) of all travel expenses which are summarized below. ACE encourages the attachment of all receipts to this report. At a minimum, receipts must be attached for all expenses (transportation, lodging, meals, etc.) in excess of $15.00, unless traveler has agreed to accept the per diem rate authorized by the Defense Joint Travel Regulation.

If receipts are not available or DJTR rate is not applicable, an explanation should be attached.'

Vendor Number: _____

Project or Commission to be charged: **Military Evaluations**

Trip Itinerary (include location & date)

Purpose: **Evaluation of Army courses**
From: **Austin, TX**   To: **San Antonio, TX**
Date: **01/01/06**   Date: **01/01/06**

AMOUNT (from daily summary)		ACCOUNT/PROJECT NUMBERS		
		Account	Department	Project
Transportation	$89.00			
Lodging	$300.00			
Miscellaneous	$15.00			
Meals	$175.00			
Subtotal	$579.00			
*Amount	$0.00	000000	0000	000000000
Total Due	$579.00			

Travel Advance Date: (next to *Amount row)

Due to Travel: Due to ACE:
Travel Advance PO# : _____

*Enter Travel Advance amount if any.

Date: _____   Approved by: _____

CERTIFICATION

I certify that the above expenses were incurred by me on behalf of the American Council on Education and are in accordance with ACE's travel policy.

Gwen Pleasant   1/5/2006
Signature of Traveler   Date

Please make check payable to: Name: **Gwen Pleasant**
                                     Institution: _____
                                     Address: **2210 Flower Street**
                                               Austin, TX 90210

EXAMPLE: Per Diem is $50 for MEALS and $100 for LODGE

Total Dates Away: 4

Number of Days on Business: 2

Date	Description/Explanation Comments and Mileage Computation	Individual Amounts Attach Receipts ($15 or more)			Meals	Total
		Trans. Air, Taxis, etc.	Lodging	Misc. (incl. Tips)		
01/01/06	Driving to hotel from home 100 miles @ .445	$44.50				$44.50
01/01/06	Meals $50.00 @ 75%				$37.50	$37.50
01/01/06	Hotel		$100.00			$100.00
01/01/06	Hotel Taxes			$5.00		$5.00
01/02/06	Meals $50.00 @ 100%				$50.00	$50.00
01/02/06	Hotel		$100.00			$100.00
01/02/06	Hotel Taxes			$5.00		$5.00
01/03/06	Meals $50.00 @ 100%				$50.00	$50.00
01/03/06	Hotel		$100.00			$100.00
01/03/06	Hotel Taxes			$5.00		$5.00
01/04/06	Meals $50.00 @ 75%				$37.50	$37.50
01/04/06	Driving from hotel to home 100 miles @.445	$44.50				$44.50
	Total Accounted for	$89.00	$300.00	$15.00	$175.00	$579.00
	Deduct Personal Charges	$0.00	$0.00	$0.00	$0.00	$0.00
	Total Reimbursable Charges (to front page)	$89.00	$300.00	$15.00	$175.00	$579.00

List those items paid directly by ACE
(i.e., airline tickets, registration fees, hotel charges, etc.)

Date	Amount	Billed by	Project

American Council on Education

Finance Office Use Only	
Batch Number	Voucher Number
Vendor Number	Due Date
Invoice Number	Description

To Be Completed by Consultant

I certify that I have worked **2** days/hours on behalf of the American Council on Education on the following dates:

Month(s)	Date(s)
January	**2-3, 2006**

In connection with _Army course evaluations_

Please send check to this address ☐ Check if new address

Please make check payable to:

Name: Gwen Pleasant

Address: 2210 Flower Street

City: Waldolf   State: TX   Zip: 90210

Gwen Pleasant   555-55-XXXX   1/5/5
Signature   SS Number   **Date**

Please Note: We must have an address even if check is not to be mailed

Indicate description and provide appropriate backup. Only first 20 characters will print on financial reports

Site Visit - Fort Sam Houston

☒ Consultant Contract Attached
☐ Contract on file Finance in Office   Two-day Rush or Date needed by _____

To Be Completed By ACE

$ _____ $ _____ $ _____
Consulting Rate   **Per day/hour rate**   **Days/Hours worked =**

Account	Project	Amount
		Total $ _____

_____   _____
Authorized Approval   **Date**