FOR BUSINESS OFFICE USE ONLY

		FO	R BUSINESS (OFFICE ONLY								
Batch Number:				Voucher Number:	,							
Vendor Name:		<u>_</u>	Due Date:									
Invoice Number:				Description:								
Invoice Date:			_	Reference:								
				L ON EDUCAT								
		Dome	estic Travel l	Expense Report								
completed shows the attachment o incurred for Don	e page 2 of the report. This reporting a daily report (a requirement of all receipts to this report in accommendation of more than 12 hours should be deducted. At a minimal defendance of the attached.	of the Internal ordance with it ars, which are	Revenue Servi es policies. Rec reimbursable a	ce) of all travel exeipts are not necessa a flat per diem ra	spenses, which ssary for Meal ate according	h are summarizeds and Incidenta to ACE's Dome	ed below. ACE al Expenses (Ma estic Travel Pol	encourages &IE) icy. Any				
		Vendor N	umber:	To be completed	by ACE staff							
Pro	ject or Commission to be charged	To be comple	ted by ACE sta	ff								
		Trip Itin	erary (inclu	de location & da	ate)							
Purpose:	Name the purpose of the revie	w										
Location:	Your travel from location			_		(review) location	<u>n</u>					
From Date:	Date travel from	-		To Date: Date travel to								
						ACCOUNT/PR	OJECT NUMF	BERS				
					Account	Account	Department	Project				
		NT (from daily	•		Number	Description	Department	Troject				
	Transportation											
	Lodging					To be complete	ed by ACE staff					
	Meals & Incidentals											
	Miscellaneous											
	Subtota	872.03	<u>3</u>									
	Total Duc	e 872.03	3	Due to Traveler:	ACE staff	=	Due to ACE:	ACE staff				
					_							
]]	Date: ACE staff	_	Approved by:		ACE staff							
			~~~~~~~									
I contify that the	above expenses were incurred by	ma an hahalf at	CERTIFIC		ion and ans in	accordance wit	h ACE's two vol	naliaina				
i ceruiy mat me	above expenses were incurred by	ne on benan oi	the American	Council on Educat	ion and are in	accordance wit	II ACE S travei	poncies.				
	Your sig				_							
	Signature of	Traveler					Date					
Please make chec	ek payable to:	Name:	Jane Doe									
		Institution:	State Universit	ty								
		Address:	123 Main Stree									
			Any Town, CT									
			<u> </u>	· · ·								

<b>Total Dates Away:</b>	4
<b>Number of Days on Business:</b>	2

	<u> </u>	Individual Amounts										
Date	Description/Explanation Comments and Mileage Computation		Attach Receipts								]	
			ans. Air, axis, etc.	L	Lodging	Incid	feals & dentals or or Diem		Misc.	Total	Total	
4/3/2015	Lodging- MGM Grand plus taxes			\$	99.00			\$	34.28	\$	133.28	
	Meal per diem travel day- \$71 x .75%					\$	53.25			\$	53.25	
										\$	-	
4/4/2015	Lodging- MGM Grand plus taxes			\$	99.00			\$	34.28	\$	133.28	
	Meal per diem review day					\$	71.00			\$	71.00	
4/5/2015	Lodging- MGM Gran plus taxes			\$	99.00			\$	34.28	\$	133.28	
	Meal per diem review day					\$	71.00			<b>\$</b>	71.00	
4/6/2015	Meal per diem travel day- \$71 x .75%					\$	53.25			\$	53.25	
										\$	-	
4/3/2015	POV mileage to the airport 56 x .575	\$	32.20							\$	32,20	
1/5/2017	DOM: 11 C . 1	Φ.	22.20							\$	-	
4/6/2015	POV mileage from the airport 56 x .575	\$	32.20							<b>\$</b>	32,20	
4/6/2015	Parking	\$	48.00							\$	48.00	
										\$	-	
	Rental Car	\$	104.51							\$	104.51	
4/5/2015	Rental car gas	\$	6.78							\$	6.78	
										<b>\$</b>	-	
										\$	-	
										\$	-	
										\$	-	
										\$	-	
										\$	-	
		-								\$	-	
		+								<b>\$</b>	-	
										\$	-	
										\$	-	
										\$	-	
										\$	-	
										<b>\$</b>		
										\$		
Total Accou	nted for	\$	223.69	\$	297.00	\$	248.50	\$	102.84	\$	872.03	
Deduct Personal Charges										\$	-	
Total Reimb	oursable Charges (to front page)	\$	223.69	\$	297.00	\$	248.50	\$	102.84	\$	872.03	

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

Date	Amount	mount Billed by				
04/03/15	\$ 470.00	Flight				