

Travel Expense Form

Name: _____

Date of Trip: _____

Destination: _____

Transportation

Mode of Transportation: _____

Mileage (if applicable): _____

Gasoline: _____

PLEASE NOTE: GPI WILL REIMBURSE MILEAGE *OR* GASOLINE, NOT BOTH

Total Transportation \$ _____

Lodging

_____ Nights @ \$ _____

Total Lodging \$ _____

Meals

Date	Breakfast	Lunch	Dinner	Other	Total
_____	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____
_____	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____
_____	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____
_____	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____
_____	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____
_____	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____

Total Meals \$ _____

TOTAL TRAVEL EXPENSES \$ _____