

**INCA COMMUNITY SERVICES, INC.**  
**Out-of-Area Travel Expenses Statement**

Name of Traveler		Meeting Attended		Program	
DEPARTURE		POINT OF TRAVEL		ARRIVAL	
DATE	HOUR	FROM	TO	DATE	HOUR

**SCHEDULE OF EXPENSE CLAIMED IN ADDITION TO OR IN LIEU OF PER DIEM ALLOWANCE:**

DATE	LODGING	MEALS	LOCAL TAXI, TOLL, ETC.	OTHER	TOTAL
<b>TOTAL</b>					

Transportation by common carrier, if not prepaid by office: \_\_\_\_\_

Transportation by employee vehicle: \_\_\_\_\_

# of miles driven \_\_\_\_\_ X current  
mileage rate \_\_\_\_\_

Per diem allowance claimed at \$ \_\_\_\_\_ per Quarter:  
Check per diem rate at: [www.gsa.gov/HP/01Trvl/perdiem](http://www.gsa.gov/HP/01Trvl/perdiem)

# of quarters \_\_\_\_\_ X travel per diem for  
city attending meeting in \_\_\_\_\_

Expenses claimed in addition to or in lieu of per diem \_\_\_\_\_

(Must have receipts to be reimbursed)

Total expense claimed: \_\_\_\_\_

Travel Advance Issued: Yes: \_\_\_ No: \_\_\_ Amount: less \_\_\_\_\_

Amount Due:

(Traveler or Agency)

Must attach agenda, narrative and receipts

**ODOMETER READING:**

Finish:

Start:

Miles Driven:

I certify that this statement, the amounts claimed and attachments are true, correct, and complete to the best of my knowledge and belief, and that payment for the amount claimed has not been received.

Signature of Traveler

Authorized by

Date