

Choctaw Professional Resources Enterprise CME/CEU Expense Report

Name: _____

Contract Number: _____

Address: _____

Phone Number: _____

Home Location: _____

Date/Time Departed: _____

Date/Time Returned: _____

Purpose of Trip: _____

Day	(M, T, etc)																			
Date	(1, 5, etc.)																			
Transportation		All transportation arrangements are the employee's responsibility														Amount Claimed				
Airfare																				
Parking																				
Taxis																				
Auto Rental																				
Gas																				
Total																				
Lodging		CM/SE travelers will use most current JTR Lodging Allowance as maximum lodging reimbursement amount that can be claimed. Excess amounts will not be reimbursed.																		
Actual Lodging Cost																				
Lodging Allowance																				
Meals		CM/SE travelers will use most current JTR Per Diem Allowance as flat rate for meal cost reimbursement. Meal receipts are not required except for business entertainment.																		
Per Diem Allowance																				
Other Expenses		Claim other allowable expenses here. This includes telephone charges, faxes, laundry, etc.																		
Total																				
Mileage		When travel is performed using your personal automobile, CM/SE will reimburse you for this use at the current Federal JTR rate. Include starting and ending mileage readings from your odometer in the remarks section for substantiation of mileage traveled																		
Actual Miles																				
Rate per Mile																				
Total																				
											Grand Total Expenses									
Remarks:											Less Cash Advances and Charges to Company									
											Due to Employee									
											or Due to Company									

Employee Signature/Date

Prog. Mgr. Signature/Date

Office Use Only:		
Total CME Funds Per Year:	Remaining CME Stipend:	Fiscal Year:
Program: _____	PR Number: _____	
Department: _____		
Amount: _____	Accounts Payable	
Comment: _____	Check #: _____	
	Check Date: _____	