CDC Travel Expense Worksheet

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First Name:	Last Name:		User 1	יטו:	Travel Order/Aut	n #: P	NR Locato	r: Depar	ture Date:	Return Date:	
									<u> </u>		
Changes were made to the accommodate leave, exter				Spo	onsored:		Internatio	nal: 🗌	Trip wa	s < 12 hours:	
Lodging Expense I	Details (Domest	ic)								
Location	From		То		Receipt #	Rate	Rate		Reimbursement Method		
Itemized Non-Mile * Expenses marked with a If you choose "Other" from	n asterisk r	equire a jus	tification. I	f not					ee explanatio , please just		
Description	D	ate	Reim	burs	ement Method	Receipt	# Amour	nt Justific	ation		
							7				
							#				
							4				
							_				
Mileage-Related E	xpenses	5									
Expense Description		Expense Date		Miles							
						_					
Additional amount not *Field currently disabled a *This field is for any expenyour GOVCC to make an Ayour GOVCC you may enter	s this option se(s) that is TM withdra	n <mark>is not ava</mark> /are not ac wal, you ca	ailable in Co	ncur	Gov*	_	=	=	vendor. For e if you paid f	example, if you us or a meal using	
Options for Reimburser GOVCC - Traveler paid on Personal - Traveler paid fo Sponsored In-Kind - Trave	GOVCC and r expense a						ndor on tra	aveler's beha	f.		
Additional Comments:											