

CHOCTAW ARCHIVING ENTERPRISE IMAP EXPENSE REPORT

NAME _____ BILLING CODE 380
 END DATE _____ CHECK BOX IF REPORT HAS BREAK/LEAVE TIME.

PER DIEM INFO FOR M&IE

DATE(S)	# DAYS	CITY, COUNTRY	M&IE RATE	FOREIGN AMT	USD AMOUNT
Per diem rates at: http://www.state.gov				SUBTOTAL \$	

PER DIEM INFO FOR LODGING

DATE(S)	# DAYS	CITY, COUNTRY	DAILY RATE	FOREIGN AMT	USD AMOUNT
Per diem rates at: http://www.state.gov				SUBTOTAL \$	

OTHER EXPENSES

DATE(S)	PURPOSE	VENDOR	FOREIGN AMT	USD AMOUNT
COMMUNICATION				
TRANSPORTATION*				
BAGGAGE*				
OTHER		SUPPLIES, CUSTOMS DUTIES, SHIPPING, ETC.		
MILEAGE		DESTINATION	MILES	RATE
SUBTOTAL \$				

*If you have too many items, use the taxi and baggage logs. Transfer the total amount only to this form.

I certify I incurred all costs included in this expense report. I certify all alcoholic beverages, fines, entertainment, social clubs, and premium air have been separated from allowable costs and are unallowable costs and expenses. I acknowledge I will be reimbursed for foreign conversion fees at the applicable rate(s).

TOTAL \$

Signature: _____ Date _____ Less Advances

ADMIN SIGNATURE & DATE: _____ Due to Tech \$

Review: _____
 Approval: _____