2026 MILEAGE AND EXPENSE REPORT

NAME_____

MILEAGE			
DATE	**DESTINATION**	**PURPOSE OF TRIP**	**MILEAGE**
Total Mileage is .725 cents per mile			

EMPLOYEE LODGING AND MEALS						
	MEALS					
DATE	**BREAKFAST**	**LUNCH**	**DINNER**	**ROOM**	**OTHER EXPENSES (DESCRIBE)**	**OTHER EXPENSES (AMOUNT)**
Sub-Total						
Total						

OTHER EXPENSES			
DATE	**VENDOR**	**DESCRIPTION**	**AMOUNT**
TOTAL			

EXPLANATION FOR BUSINESS MEALS, OTHER & ITEMS OVER $25.00:

_____
_____
_____
_____
_____

Total from mileage: _____
Total from lodging and meals: _____
Total from other expenses: _____
Total from mileage, lodging and meals & other expenses: _____

CERTIFICATION AND APPROVAL

I certify that the travel expenses claimed on this Travel Expense Report are true and accurate and that expenses have been handled in accordance with Three Rivers AHEC Travel Policy. I understand that all information on this form is subject to verification. Failure to comply with Travel Policy requirements may result in loss of Travel Expense Reimbursement.

Employee Signature: _____ Date: _____