

**MARKLUND
TRAVEL EXPENSE REPORT 2016**

PAGE _____ OF _____

NAME _____ Dept. # _____ Emp. File # _____ Month _____

| | | | | | | | | | |
|-------------|--|--|--|--|--|--|--|--|--|
| Day | | | | | | | | | |
| Date | | | | | | | | | |
| From | | | | | | | | | |
| To | | | | | | | | | |
| To | | | | | | | | | |
| To | | | | | | | | | |
| To | | | | | | | | | |
| TOTAL MILES | | | | | | | | | |

TOTAL MILEAGE _____

REIMBURSEMENT RATE PER MILE (X0.54)

| | | | | | | | | | | | | |
|------------------|----|--|----|--|----|--|----|--|----|--|----|--|
| Air, rail, etc. | \$ | | \$ | | \$ | | \$ | | \$ | | \$ | |
| Limo, taxi, etc. | | | | | | | | | | | | |
| Tolls/parking | | | | | | | | | | | | |
| Lodging | | | | | | | | | | | | |
| Breakfast | | | | | | | | | | | | |
| Lunch | | | | | | | | | | | | |
| Dinner | | | | | | | | | | | | |
| Tips | | | | | | | | | | | | |
| Telephone | | | | | | | | | | | | |
| Business Meals | | | | | | | | | | | | |
| Miscellaneous | | | | | | | | | | | | |
| DAILY TOTALS | | | | | | | | | | | | |

**Please verify that you are using the 2016 travel form.
A current Insurance Card MUST be attached to report.**

TRAVELER'S SIGNATURE

APPROVAL

| | | |
|---------------------|--|--|
| TOTAL FOR THIS PAGE | | |
| PAGE 2 | | |
| PAGE 3 | | |
| AMOUNT DUE | | |

Mileage Guidelines (miles are listed for one way)

| | TO | | |
|--------------------|----------------|---|---|
| FROM | MPC/MDS | MHC | RESALE SHOP |
| MPC/MDS | XXX | 25.2 | 6.5 |
| MHC | 25.2 | XXX | Via RT 88/355- 35.8 Via RT 64-29.2 |
| RESALE SHOP | 6.5 | Via RT 88/355- 35.8 Via RT 64-29.2 | XXX |