

Community Action Team, Inc.
Travel Reconciliation

As applicable, please attach a copy of the agenda and all receipts.

Name _____ Date _____

Program _____ Supervisor _____

Destination _____

Purpose of Travel _____

Date & Time Left:

Date & Time Returned:

Expense List:

Date	Nature of Expense	Amount Spent	GL/Fund/Loc/Project
	Sub Total		
	Less Advance (Per Diem)		
	Balance Due Employee		
	Balance Due Employer		

No change to the Per Diem submitted.

No change to the Lodging submitted.

I certify this travel was completed by me and the above is true and correct. I have attached required receipts and all necessary back up including agendas for meetings and conferences. I have returned any advance overpayment to me by the employer.

Employee's Signature _____

Manager Signature _____

Program Director Signature _____

Executive Director Signature _____
(Required if over \$1,000 and/or out of state travel)