

TRAVEL AND MEETING EXPENSE REPORT

LEADERSHIP

Nevada Society of Enrolled Agents
PO Box 10237
Reno, NV 89509

Name: _____ Role: _____

Purpose of Expenditure: _____

Destination: _____

Departure Date: _____ Return Date: _____

EXPENSES INCURRED

Total Per Diem	\$ _____
Total Hotel/Room Charges	\$ _____
Total Subway/Taxi or Shuttle Bus	\$ _____
Total Airline/Train Expenses	\$ _____
Total Auto Rental	\$ _____
Total Mileage ar IRS Standard Rate	\$ _____
Total Miscellaneous	\$ _____
Total Expenses Balance Due	\$ _____ 0

ATTACH ORIGINAL RECEIPTS FOR ALL ITEMS OVER \$50
Complete expense detail worksheet on Page 2 for all expenditures

Signature

Date

Approved

Date

Account # (Staff Use Only) _____