|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Out of Area Subsistence (Per Diem) | | | | | | | | | | | | | | | | | | | | | |
| Program: | |  | | | | | | Attached: | | | | | | | | | | | | | |
| Project: | |  | | | | | | Funding Source Approval | | | | | | | | | | | | | |
| Purpose: | |  | | | | | | Notice/Cost Identified | | | | | | | | | | | | | |
| Location: | |  | | | | | | Agenda | | | | | | | | | | | | | |
| Sponsor: | |  | | | | | | Mail directly to sponsor given on attachment | | | | | | | | | | | | | |
| Registration Fee: | | $ | | | | | | Number of Quarter Days: | | | | | | |  | | | | | | |
| Meals Provided: | | Yes  No | | | | | | Dates: | | | Departure | | | |  | | | |  | A.M./P.M. | |
| Other Notes: | |  | | | | | | Returned | | | |  | | | |  | A.M./P.M | |
| Advance  Reconciliation of Advanced Funds  Actual (attached receipts for reimbursement | | | | | | | | | | | | | | | | | | | | | |
| **\*(1)Mode of Travel:**  **P**-Personal Vehicle  **A**-Air **O**-Other/Rail/Bus **R**-Rental Car  **\*(2)Type of Subsistence:** **B**-Breakfast **L**-Lunch  **D**-Dinner **G**-Gratuities **H**-Hotel | | | | | | | | | | | | | | | | | | | | | |
| **Date** | **Travel** (showed each city visited) | | | **Transportation** | | | | | | **Per DIEM Subsistence** | | | | | | **Other Expenses** | | | | | **Daily Totals** |
| From | | To | \*(1)Mode | Daily Personal Car Mileage | | Amount | | | \*(2)Type | | Amount | | | | Explanation | | Amount | | |
| Day 1 |  | |  | P |  | | $ | | | B | | $ | | | |  | | $ | | | $ |
|  |  | |  | A |  | | $ | | | L | | $ | | | |  | | $ | | | $ |
|  | |  | O |  | | $ | | | D | | $ | | | |  | | $ | | | $ |
|  | |  | R |  | | $ | | | G | | $ | | | |  | | $ | | | $ |
|  | |  |  |  | |  | | | H | | $ | | | |  | | $ | | | $ |
| Day 2 |  | |  | P |  | | $ | | | B | | $ | | | |  | | $ | | | $ |
|  |  | |  | A |  | | $ | | | L | | $ | | | |  | | $ | | | $ |
|  | |  | O |  | | $ | | | D | | $ | | | |  | | $ | | | $ |
|  | |  | R |  | | $ | | | G | | $ | | | |  | | $ | | | $ |
|  | |  |  |  | |  | | | H | | $ | | | |  | | $ | | | $ |
| Day 3 |  | |  | P |  | | $ | | | B | | $ | | | |  | | $ | | | $ |
|  |  | |  | A |  | | $ | | | L | | $ | | | |  | | $ | | | $ |
|  | |  | O |  | | $ | | | D | | $ | | | |  | | $ | | | $ |
|  | |  | R |  | | $ | | | G | | $ | | | |  | | $ | | | $ |
|  | |  |  |  | |  | | | H | | $ | | | |  | | $ | | | $ |
| Day 4 |  | |  | P |  | | $ | | | B | | $ | | | |  | | $ | | | $ |
|  |  | |  | A |  | | $ | | | L | | $ | | | |  | | $ | | | $ |
|  | |  | O |  | | $ | | | D | | $ | | | |  | | $ | | | $ |
|  | |  | R |  | | $ | | | G | | $ | | | |  | | $ | | | $ |
|  | |  |  |  | |  | | | H | | $ | | | |  | | $ | | | $ |
| Day 5 |  | |  | P |  | | $ | | | B | | $ | | | |  | | $ | | | $ |
|  |  | |  | A |  | | $ | | | L | | $ | | | |  | | $ | | | $ |
|  | |  | O |  | | $ | | | D | | $ | | | |  | | $ | | | $ |
|  | |  | R |  | | $ | | | G | | $ | | | |  | | $ | | | $ |
|  | |  |  |  | |  | | | H | | $ | | | |  | | $ | | | $ |
| **Total:** | | | | | | | **$** | | |  | | **$** | | | |  | | **$** | | | **$** |
| **Total Amount Advanced:** | | | | | | | **$** | | | | | | | | | | | | | | |
| **The above expenses will be/were incurred for the program/project indicated above and no other reimbursement has been or will be received. Receipts for all expenses will be submitted promptly upon my return to this area.** | | | | | | | | | | | | | | | | | | | | | |
| **Line Item Code:** | | |  | | | | | | | | | | | | | | | | | | |
| Submitted By: (Signature/Date) | | |  | | | | | | Position | | | | |  | | | | | | | |
| Approved By:  (Program Director/Date) | | |  | | | | | | Executive Director/Date | | | | |  | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | |
| **Reconciliation** | | | | | | | | | | | | | | | | | | | | | |
| Item | | | | | | Amount Received | | | | | | | Amount Spent | | | | Returned Balance | | | | |
| Per DIEM | | | | | | $ | | | | | | | $ | | | | $ | | | | |
| Registration Fee | | | | | | $ | | | | | | | $ | | | | $ | | | | |
| Hotel | | | | | | $ | | | | | | | $ | | | | $ | | | | |
| Breakfast/Lunch/Dinner | | | | | | $ | | | | | | | $ | | | | $ | | | | |
| Gratuities | | | | | | $ | | | | | | | $ | | | | $ | | | | |
| Mileage (personal vehicle) | | | | | | $ | | | | | | | $ | | | | $ | | | | |
| Air Fare | | | | | | $ | | | | | | | $ | | | | $ | | | | |
| Other (Rail/Bus) | | | | | | $ | | | | | | | $ | | | | $ | | | | |
| Rental Car | | | | | | $ | | | | | | | $ | | | | $ | | | | |
| Other Expenses: | | | | | | $ | | | | | | | $ | | | | $ | | | | |
| **Totals** | | | | | | $ | | | | | | | $ | | | | $ | | | | |
| Reconciled By: Accounting Department/Date | | | | | |  | | | | | | | | | | | | | | | |