Travel Expense Form rev2020

Employee Name:			
Date	RC#, Facility or Project	Expense Type	Amount
	Total		
	4+ Hour Trip	Full Day	Overnight
Domestic Rate if Hotel	\$20.00	\$40.00	\$50.00
Domestic Rate if Camper	n/a	n/a	\$70.00
Salaried Rate if Rough	n/a	n/a	\$90.00
Hourly Rate Per Day if Rough including pay and per diem.	n/a	n/a	\$250.00
International Rate no Kitchen	n/a	n/a	\$90.00
International Rate with Kitchen			\$250.00 per week

Signature: