Travel Expense Form rev2020

| Employee Name: |  |  |  |
| :---: | :---: | :---: | :---: |
| Date | RC\#, Facility or Project | Expense Type | Amount |
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|  |  | 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:

