

STATE OF WASHINGTON
TRAVEL EXPENSE VOUCHER
(REV. 01/15)

INSTRUCTIONS: Submit Prior Approval, meeting agenda, and required receipts for all paid & reimbursable expenses.

REGULARLY SCHEDULED WORK HOURS
M-F 8-5

AGENCY NAME LOWER COLUMBIA COLLEGE	AGENCY NO. 6570	NAME AND ADDRESS OF CLAIMANT James Kirk USS Enterprise Longview, WA 98632	CTCLINK DETAILS 000-00-0000 148-082-44000 12345	MONTH/YEAR July-24	OFFICIAL STATION Longview, WA
				PHONE NUMBER	OFFICIAL RESIDENCE Longview, WA

TRIP INFORMATION			PER DIEM								MOTOR VEHICLE				OTHER PER DETAIL	GRAND TOTAL	PURPOSE OF TRIP & EXPENSE DETAILS
DATE	FROM	TO	TRIP TIME		PER MEAL ENTITLEMENT				LODGING COSTS (receipt Req'd)	TOTAL	MILES DRIVEN		Mileage Rate	Mileage Allowance			
			DEPART	RETURN	B	L	D	SUB TOTAL			PT. to PT.	Vicinity					
07/15/24	Longview	Atlantic City	4:00am		14.00	17.00	28.00	59.00	113.42	172.42	48		0.670	32.16	825.00	1,029.58	Conference Name
07/16/24							28.00	28.00	113.42	141.42			0.670	0.00	1,039.20	1,180.62	
07/17/24						17.00		17.00	113.42	130.42			0.670	0.00	70.00	200.42	
07/18/24							28.00	28.00	113.42	141.42			0.670	0.00		141.42	
07/19/24	Atlantic City	Longview		11:30pm	14.00	17.00	28.00	59.00		59.00	48		0.670	32.16	425.95	517.11	
								0.00		0.00			0.670	0.00		0.00	
								0.00		0.00			0.670	0.00		0.00	
								0.00		0.00			0.670	0.00		0.00	
								0.00		0.00			0.670	0.00		0.00	
								0.00		0.00			0.670	0.00		0.00	
								0.00		0.00			0.670	0.00		0.00	
TRIP SUB-TOTAL					28.00	51.00	112.00	\$ 191.00	\$ 453.68	\$ 644.68	96.00	0	\$ 64.32	\$ 2,360.15	\$ 3,069.15		

Less: Costs charged to LCC P-Card # 3993/9454 (2,743.83)
Less: Costs paid by Cash Advance (191.00) Advance for meals
Other Adjustments
TOTAL TO BE REIMBURSED TO EMPLOYEE \$ 134.32

DETAIL OF OTHER EXPENSES				
DATE	PAID TO	FOR	AMOUNT	PMT TYPE
07/15/24	Conference Name	Registration	825.00	P-Card 1234
07/15/24	Alaska/Delta	Baggage Fees \$35 each	70.00	Personal Card
07/15/24	Alaska/Delta	Flights = 448.60 + 590.60	1,039.20	P-Card 1234
07/19/24	National Car Rental	Car	425.95	AP
Total Other Expenses			2,360.15	

CERTIFICATION AND APPROVAL: I certify that the travel listed above was official college business and that expenses listed were appropriate in the conduct of this business. I have not received nor will I receive other reimbursement for these expenses.

Traveler's Signature Date

Approval Signature (President / VP / Director) Date

FINANCE OFFICE USAGE ONLY

Fund	Approp	Class	Dept	Project-Activity	AMOUNT
TOTAL					0.00

ACCOUNTING USE ONLY		
Accounting Date	Approval for Payment	Approved & Payment Date