Alaska Marine Safety Education Association
2924 Halibut Point Road, Sitka, AK 99835 907-747-3287 www.amsea.org

TRAVEL REPORT & REIMBURSEMENT FORM

NAME _____

POSITION _____

PURPOSE OF TRIP _____

DATE	TIME	FROM	TO	METHOD OF TRAVEL

List only those expenses OWED to you - Receipts must accompany this form for reimbursement.

TRANSPORTATION

Airfare				
Ferry				
Taxi				
Personal Car				
Number of miles		x 0.560	$ 0.00	
Rental Car				
			Total Transportation	**$** 0.00

ACCOMMODATION

Number of nights		x	**Total Accommodation**	**$** 0.00
		per night		

PER DIEM

Number of **full** days		x	per day	$ 0.00

For PARTIAL days of travel, use this guide

Number of breakfasts		x $ 12.00	Midnight to 10am	$ 0.00
Number of lunches		x $ 16.00	10am to 3pm	$ 0.00
Number of dinners		x $ 32.00	3pm to Midnight	$ 0.00
			Total Per Diem	**$** 0.00

OTHER EXPENSES (please list)

_____	$	
_____	$	
	Total Other	**$** 0.00
	TOTAL AMT DUE	**$** 0.00

Requested by _____

Approved by _____
(Must be approved by Executive Director)