

A. Travel

Date	Meeting/Location	Airfare	Taxi	Auto Miles*	Breakfast**	Lunch**	Dinner**	Lodging	Tips	Parking	Other	Total
												TOTAL

C. Miscellaneous Expenses

Date	Purpose of Expense	Total
		TOTAL

Name _____

Address _____

City/State/Zip _____

Phone _____

Signature _____

FOR OFFICE USE ONLY

CODE _____ TOTAL PAID _____ APPROVED _____

Please make a copy for your records.

*Mileage is reimbursed at the current GSA Mileage Reimbursement Rate.

** Please include receipts

ATMAE
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