AMERICAN PSYCHOLOGICAL

TRAVEL EXPENSE REPORT

DIVISION#: _____ **SECTION#:** _____ **(if applicable)**

** NOTE: Original receipts are required for all expenses regardless of the amount.

Specify the Division and/or Section

Be sure to verify the remit address is up-to-date for the payee to avoid payment going to wrong location and causing delays

PAYABLE TO:		**EXPENSE REASON**	
ADDRESS:		**TRAVEL DATE(s):**	
		LOCATION:	
		APA STAFF CONTACT:	

Use this checklist to confirm all supporting information is included

DATE EXPENSE INCURRED:	/ /	/ /	/ /	/ /	/ /	/ /	**TOTAL**
TRANSPORTATION:							
(if not paid directly by APA)							
Air / Rail / Bus							
Car Rental							-
Mileage (# of miles)							
2022 Mileage (@ $.585/mi)	-	-	-	-	-	-	-
Parking & **Tolls**							-
Misc. Transportation (taxis, subway, etc.)							-
LODGING:							
(if not paid directly by APA)							
Hotel Room (incl tax)							
MEALS:							
Breakfast (incl. tips)							-
Lunch (incl. tips)							-
Dinner (incl. tips)							
MISCELLANEOUS:							-
Telephone							-
Other (explain below)							-
Other (explain below)							
TOTAL EXPENSES:	$ -	$ -	$ -	$ -	$ -	$ -	$ -
						variance	-

INCLUDE RECEIPTS SHOWING PROOF OF PAYMENT
*Provide a screen shot of a map showing start/end locations to validate mileage amount

Use this section to provide as much additional information as possible to help us process/allocate/understand the reason and purpose for the request.

ADDT'L INFORMATION/EXPLANATION ON ITEMS ABOVE:

Less Travel Advance:	< - >
Due (to Traveler):	$ -
Due (to APA):	$ -

Signature Authorizations:

DON'T FORGET SIGNATURE! Requests without approval signature will not be processed until provided.

Traveler's Signature **Date**

Treasurer's Signature **Date**

** If original receipts are unavailable, a copy of the receipt with a written or documentation explaining the lack of a receipt must be provided. **