|  |
| --- |
| Out of Area Subsistence (Per Diem) |
| Program: |       | Attached: |
| Project: |       | [ ]  Funding Source Approval |
| Purpose: |       | [ ]  Notice/Cost Identified |
| Location: |       | [ ]  Agenda |
| Sponsor: |       | [ ]  Mail directly to sponsor given on attachment |
| Registration Fee: | $       | Number of Quarter Days: |       |
| Meals Provided: | [ ]  Yes [ ]  No | Dates: | Departure  |       |       | A.M./P.M. |
| Other Notes: |       | Returned  |       |       | A.M./P.M |
| [ ]  Advance [ ]  Reconciliation of Advanced Funds [ ]  Actual (attached receipts for reimbursement |
| **\*(1)Mode of Travel:**  **P**-Personal Vehicle  **A**-Air **O**-Other/Rail/Bus **R**-Rental Car**\*(2)Type of Subsistence:** **B**-Breakfast **L**-Lunch  **D**-Dinner **G**-Gratuities **H**-Hotel  |
| **Date** | **Travel** (showed each city visited) | **Transportation** | **Per DIEM Subsistence** | **Other Expenses** | **Daily Totals** |
| From | To | \*(1)Mode | Daily Personal Car Mileage | Amount | \*(2)Type | Amount | Explanation | Amount |
| Day 1 |       |       | P |       | $      | B | $      |       | $      | $      |
|       |       |       | A |  | $      | L | $      |       | $      | $      |
|       |       | O |  | $      | D | $      |       | $      | $      |
|       |       | R |  | $      | G | $      |       | $      | $      |
|       |       |  |  |  | H | $      |       | $      | $      |
| Day 2 |       |       | P |       | $      | B | $      |       | $      | $      |
|       |       |       | A |  | $      | L | $      |       | $      | $      |
|       |       | O |  | $      | D | $      |       | $      | $      |
|       |       | R |  | $      | G | $      |       | $      | $      |
|       |       |  |  |  | H | $      |       | $      | $      |
| Day 3 |       |       | P |       | $      | B | $      |       | $      | $      |
|       |       |       | A |  | $      | L | $      |       | $      | $      |
|       |       | O |  | $      | D | $      |       | $      | $      |
|       |       | R |  | $      | G | $      |       | $      | $      |
|       |       |  |  |  | H | $      |       | $      | $      |
| Day 4 |       |       | P |       | $      | B | $      |       | $      | $      |
|       |       |       | A |  | $      | L | $      |       | $      | $      |
|       |       | O |  | $      | D | $      |       | $      | $      |
|       |       | R |  | $      | G | $      |       | $      | $      |
|       |       |  |  |  | H | $      |       | $      | $      |
| Day 5 |       |       | P |       | $      | B | $      |       | $      | $      |
|       |       |       | A |  | $      | L | $      |       | $      | $      |
|       |       | O |  | $      | D | $      |       | $      | $      |
|       |       | R |  | $      | G | $      |       | $      | $      |
|       |       |  |  |  | H | $      |       | $      | $      |
| **Total:** | **$** |  | **$** |  | **$** | **$** |
| **Total Amount Advanced:** | **$** |
| **The above expenses will be/were incurred for the program/project indicated above and no other reimbursement has been or will be received. Receipts for all expenses will be submitted promptly upon my return to this area.** |
| **Line Item Code:** |  |
| Submitted By:(Signature/Date) |  | Position |       |
| Approved By: (Program Director/Date) |  | Executive Director/Date |  |
|  |
| **Reconciliation** |
| Item | Amount Received | Amount Spent | Returned Balance |
| Per DIEM | $ | $ | $ |
| Registration Fee | $ | $ | $ |
| Hotel | $ | $ | $ |
| Breakfast/Lunch/Dinner | $ | $ | $ |
| Gratuities | $ | $ | $ |
| Mileage (personal vehicle) | $ | $ | $ |
| Air Fare | $ | $ | $ |
| Other (Rail/Bus) | $ | $ | $ |
| Rental Car | $ | $ | $ |
| Other Expenses: | $ | $ | $ |
| **Totals** | $ | $ | $ |
| Reconciled By: Accounting Department/Date |  |