

Employee Name: _____
Date of Training/Travel: _____
Destination: _____

Meals (no Alcohol, up to 15% tip, maximum amount up to Per Diem at General Services Administration's (GSA) website)

Breakfast _____
Lunch _____
Dinner _____

Lodging _____

Travel

Taxi/Shuttle/Subway _____
Parking _____
Mileage _____
Baggage Fees _____
Tolls _____
Gas _____
Other _____

Grand Total _____