 

DISASTER RELIEF EXPENSE REPORT

Date(s) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Account Number \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Location: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Phone Number \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name (Please print) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Mailing Address \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

City \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ State \_\_\_\_\_\_\_\_\_\_ Zip Code \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

ATTACH all receipts or credit card copy for all expenditures. If you have hotel charges, attach copy of hotel receipt. **Pre-authorization from the state is required in order to be reimbursed for hotel expenses.**

EXPENSES

**Transportation:**

 Total round trip mileage \_\_\_\_\_\_\_\_\_\_\_ x .65 cents per mile………….$\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Meals……………………………………………………………………………………………………….$\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Lodging…………………………………………………………………………………………………….$\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Tolls………………………………………………………………………………………………………….$\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Other Expenses (please give explanation) ………………………………………………..$\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 **TOTAL…………………………………………….$\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

Form Revised March, 2023