



TRAVEL EXPENSE REPORT

DATE:

TRAVELER INFORMATION		
NAME	ROLE	TEAM #
FIRST PROGRAM	FLL, FTC, FRC	SCHOOL/ORG

TRAVEL DETAILS
PURPOSE OF TRAVEL (Brief description)

TRAVEL EXPENSE CLAIM								
DATE	DEPART	ARRIVE	DESCRIPTION	START	END	MILES	LODGING	TRANSPORTATION
TOTAL								

MISCELLANEOUS EXPENSES	
EXPENSE DESCRIPTION/PURPOSE/ATTENDEES	AMOUNT
TOTAL MISCELLANEOUS \$	

CLAIMANT SIGNATURE	
SIGNATURE	DATE

- TO BEGIN ROUTING:
- 1) Save a copy of this file
 - 2) Complete the form
 - 3) Print to PDF and save file as YYMMDD Program Team # Destination (ex: 220109FLL12345Reno)
 - 4) [Upload to the Team Travel Expense folder with all receipts using this link](#)
 - 5) Email AQuick@FIRSTInspires.org to confirm submission

FIRST NEVADA USE: FUNDING

NOTES: