



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	TRANSPORT ATION
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 along with all receipts using [this link](#).
- 5) Email aquick@firstinspires.org to confirm submission

FIRST NEVADA USE: FUNDING
NOTES: