



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 along with all receipts using this link . 5)Email aquick@firstnevada.org to confirm submission
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CHECK INFORMATION	
PAYABLE TO:	MAILING ADDRESS: