WACCAMAW ECONOMIC OPPORTUNITY COUNCIL, INC
1261 HWY 501E, SUITE B
CONWAY, SOUTH CAROLINA
OUT OF AREA TRAVEL REPORT

NAME OF TRAVELER _____ **DATE** _____

ODOMETER READING		POINTS OF TRAVEL		DEPARTURE		ARRIVAL	
FINISH	START	FROM	TO	DATE	HOUR	DATE	HOUR

OTHER EXPENSES CLAIMED IN ADDITION TO PER DIEM: (RECEIPT MUST BE ATTACHED)

TAXI OR LIMO	PARKING	TRAINING MATERIALS	REGISTRATION	OTHER	TOTAL

Total Other Expenses 1. _____

TRANSPORTATION _____AIR_____BUS___TRAIN _____OTHER TOTAL 2. _____

TRANSPORTATION BY EMPLOYEE CAR: _____ MILES AT _____ PER MILE TOTAL 3. _____

PER DIEM ALLOWANCE CLAIMED AT M&IE RATE OF _____ PER DAY

	Day 1	Day 2	Day 3	Day 4	Day 5	Total
Breakfast						
Lunch						
Dinner						
Incidentals						
Total Per diem						

TOTAL PER DIEM 4. _____

TOTAL EXPENSES 5. _____

TRAVEL ADVANCE GIVEN _____ YES _____ NO AMOUNT 6. _____

AMOUNT DUE (TRAVELER OR AGENCY) 7. _____

I certify that this statement, the amounts claimed and attachments are true, correct and complete to the best of my knowledge and belief, and that payment for amount claimed has not been received.

SIGNATURE OF TRAVELER _____ **DATE** _____

APPROVED BY PROGRAM DIRECTOR _____ **DATE** _____

APPROVED BY EXECUTIVE DIRECTOR _____ **DATE** _____