

A-11b(3) FORM Expense Report, P-24

Southeast community college

EMPLOYEE EXPENSE REPORT PLEASE PRINT OR TYPE

P-24 FORM

Name _____ SCC ID No. _____ Employee Board Member

Home Address _____ Division: _____
STREET CITY STATE ZIP

*Actual meal cost up to GSA rates. GSA rates available at <http://www.gsa.gov/portal/category/21287>

DATE	DESTINATION/DESCRIPTION	MILES	DETAILED MEAL COSTS			DAILY TOTAL MEALS	DAILY TOTAL ALLOWED*	ATTACH RECEIPTS		
			BREAKFAST	LUNCH	DINNER			HOTEL	COMMERCIAL FARES/BAGGAGE FEES	MISC. TRAVEL COST & DESCRIPTION
TOTAL MILES			TOTALS:				\$	\$	\$	\$

DATE	OTHER EXPENSES	OBJ. NO.	AMOUNT
TOTAL			\$

_____ MILES AT _____ RATE	OBJ. NO. 7741	\$
MEALS AND HOTEL	7711	\$
COMMERCIAL FARES (AIRFARE, CAR RENTAL, BAGGAGE, ETC.)	7721	\$
MISCELLANEOUS TRAVEL (TOLLS, PARKING, TAXI, SHUTTLE, ETC.)	7751	\$
CARRY TOTAL OVER TO RIGHT		\$
GRAND TOTAL		\$

I certify that the above expenditures were made in connection with Southeast Community College business:

Employee Signature _____ Date Submitted _____

Accounting: Location No. _____ Fund No. _____ Cost Center No. _____ Project Code _____

Approved (Immediate Supervisor Signature) _____ Dated _____

SUBMIT TO IMMEDIATE SUPERVISOR FOR APPROVAL

A0103(2/12)

To view a full size form, click on this link ... [P-24 FORM](#)

Adopted Date: 09/01/2004; Revised 7/2011; Revised 2/2012