

EXPENSE REPORT

Name: John Smith	Purpose of Trip or Expense:	
Agency: Charleston Police Department	Interdiction Conference New Orleans, LA	
Address:	May 10-15, 2016	
Mailing address for check usually either your home, office, parent agency or task force address		
agency of task force address	AHIDTA Training # Leave this section blank	

Check Made Payable:

Date	Description	Amount*
	First Day of travel Per diem \$64.00 X.75	\$48.00
	Last day of travel Per Diem \$64.00X.75	\$48.00
	Three full days of per diem \$64.00X 3 (2016 New Orleans rate)	
	Hotel at government rate plus taxes attach receipt	\$600.00
	Airport parking attach receipt	\$60.00
	Taxi airport to hotel attach receipt	\$32.00
	Taxi hotel to airport attach receipt	\$34.00
	Baggage fees roundtrip attach receipt	\$50.00
Total Expenses		\$1064.00

Signature:	Date:
Must be signed	
Approval:	Date:
AHIDTA Training Coordinators Signature	

LC Form 02 Revised 7/1/2016

^{*}Please attach all receipts to this expense report, with the exception of meals. Expenses without a receipt will not be reimbursed.