



Western Association of Food & Drug Officials
EXPENSE REPORT

(Complete instructions on reverse)

Name: _____

Date(s) of Travel: _____

Origin: _____ Destination: _____

Dates of Travel										TOTALS
*Hotel										
Breakfast										
Lunch										
Dinner										
*Plane Fare										
Taxi Fare										
Mileage @ govt. rate (\$.375)										
Tolls										
Tips										
Parking										
Other										
TOTAL										
Less Advance										
TOTAL										

***Attach receipts**

State purpose of travel and any additional justification, as appropriate: _____

I hereby certify that the above expenditures represent cash spent for legitimate, approved AFDO business.

Signed: _____ Date: _____

Instructions for Completion

Please print

1. Fill in name, dates of travel and cities or origin and destination.
2. Complete individual dates of travel.
3. Complete actual room cost plus any applicable tax during dates of travel. Suites are not authorized.

(If a private automobile is used in lieu of air travel, only lodging and food while at the actual meeting are reimbursable. Original receipts from hotels are required.)

4. The current federal per diem rate for the destination locale will be allowed for food.
5. Air travel is to be taken by the most economical fare available. Advance purchase is recommended if possible. First class air travel is not authorized. Original receipt for airline tickets as well as the customer's final non-negotiable copy of the ticket are required.
6. Reimbursement for use of private automobile shall be at .the government rate. Reimbursement for the use of a private automobile in lieu of air travel shall be limited to the lower amount:
 - a. The actual airfare which would have been charged to the Association based on the lowest round trip coach airfare available on the day the trip request was approved (a written estimate from a travel agent or airline is required); or
 - b. The actual road mileage traveled at the government rate.
7. Total amount of tips is limited to \$5/day first and last days of travel only, unless specific special circumstances exist. In such case, additional justification should be noted in space provided.
8. Any additional reimbursable items should be noted in the space marked **Other**.
9. Any travel advances from the Association should be deducted from total expenditures.
10. Completed expense report plus original receipts, etc., should be forwarded to:

WAFDO
P.O. Box 460725
Glendale, CO 80246

