

NEW JERSEY SCHOOL COUNSELOR ASSOCIATION

TRAVEL EXPENSE REPORT

*Please submit one form for each event
Form must be submitted no later than 30 days after travel.*

<p>_____</p> <p>Payee</p> <p>_____</p> <p>Address</p> <p>_____</p> <p>City</p> <p>_____</p> <p>State/Zip</p>	<p>_____</p> <p>Travel dates (from/to)</p> <p>_____</p> <p>Purpose of travel</p>
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Please attach all receipts.

Day	1	2	3	4	5	6	7	Total
<i>Auto</i> miles x rate determined by Finance Committee								
<i>Transport cost not reimbursed</i>								
<i>Hotel/Lodging</i>								
<i>Breakfast</i>								
<i>Lunch</i>								
<i>Dinner</i>								
<i>Tolls</i>								
<i>Parking</i>								
<i>Other (please describe)</i>								
Daily Total								

Itemized explanations:

NEW JERSEY SCHOOL COUNSELOR ASSOCIATION
TRAVEL EXPENSE REPORT, CONT.

Total expenses: _____

Amount due payee: _____

Payee signature: _____

Date: _____

Return to: **Jim Lukach, Executive Director, 54 Harrison Ave., Milltown, NJ 08850**

or Email to: **Treasurer, Susan Hatch @ susan_hatch1949@yahoo.com**

or **Executive Director, Jim Lukach @jimlukach@msn.com**

For official use only: _____

Date/Signature/Account
