

DSRA TRAVEL & MISCELLANEOUS EXPENSE FORM

Please refer to the Instructions tab for all information related to completing and submitting expense claims.

LAST NAME		FIRST NAME			DATE	HOME PHONE #	

HOME ADDRESS	CITY	STATE	Zip Code	E-MAIL

SPECIFIC BUSINESS PURPOSE

DATE									TOTAL
AIR FARE									\$0.00
LODGING									\$0.00
CAR RENTAL									\$0.00
BREAKFAST									\$0.00
LUNCH									\$0.00
DINNER									\$0.00
TAXI									\$0.00
PARKING FEES									\$0.00
RENTAL CAR FUEL									\$0.00
TOLLS									\$0.00
TELEPHONE									\$0.00
CELL PHONE									\$0.00
LIST OTHER BELOW									\$0.00
									\$0.00
									\$0.00
									\$0.00
									\$0.00
									\$0.00
									\$0.00
									\$0.00
									\$0.00
									\$0.00
									\$0.00
									\$0.00
									\$0.00
									\$0.00
									\$0.00
									\$0.00
									\$0.00
									\$0.00
TOTAL EXPENSES	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00

COMPLETE THIS SECTION ONLY IF CLAIMING VEHICLE EXPENSES - Please see Instructions tab for additional information.

LOCATIONS FROM/TO	DATE	START ODOMETER MILES	FINISH ODOMETER MILES	TOTAL MILES	ESTIMATED VEHICLE MPG	GAS COST PER GALLON PER RECEIPT	GAS COST FOR TRIP
				0			\$0.00
				0			\$0.00
				0			\$0.00
				0			\$0.00
				0			\$0.00
				0			\$0.00
TOTAL MILEAGE / GAS COST				0			\$0.00

GRAND TOTAL EXPENSES CLAIMED **\$0.00**

SIGNED	DATE	APPROVED	DATE

DSRA TRAVEL & MISCELLANEOUS EXPENSE FORM

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LAST NAME		FIRST NAME		DATE	HOME PHONE #
John		Doe		4/3/2011	999-555-555
HOME ADDRESS	CITY	STATE	Zip Code	E-MAIL	
555 Anystreet	Anytown	XX	99999-8888	John.Doe@xmail.com	

SPECIFIC BUSINESS PURPOSE
 Attended meetings with senators and congressmen in Washington DC, 13 meetings, see reports of visits.

DATE	11/10/2009	11/11/2009	11/12/2009					TOTAL
AIR FARE	\$200.00		\$200.00					\$400.00
LODGING	\$104.43	\$104.42						\$208.85
CAR RENTAL								\$0.00
BREAKFAST		\$10.00	\$10.00					\$20.00
LUNCH		\$10.00	\$10.00					\$20.00
DINNER	\$25.00	\$25.00						\$50.00
TAXI								\$0.00
PARKING FEES			\$20.00					\$20.00
RENTAL CAR FUEL								\$0.00
TOLLS								\$0.00
TELEPHONE								\$0.00
CELL PHONE								\$0.00
<u>LIST OTHER BELOW</u>								
Document copies		\$100.00						\$100.00
								\$0.00
								\$0.00
								\$0.00
								\$0.00
								\$0.00
								\$0.00
								\$0.00
								\$0.00
								\$0.00
								\$0.00
								\$0.00
								\$0.00
								\$0.00
TOTAL EXPENSES	\$329.43	\$249.42	\$240.00	\$0.00	\$0.00	\$0.00	\$0.00	\$818.85

COMPLETE THIS SECTION ONLY IF CLAIMING VEHICLE EXPENSES - Please see Instructions tab for additional information.

LOCATIONS FROM/TO	DATE	START ODOMETER MILES	FINISH ODOMETER MILES	TOTAL MILES	ESTIMATED VEHICLE MPG	GAS COST PER GALLON PER RECEIPT	GAS COST FOR TRIP
Anytown / Washington DC	1/1/2011	35600	35850	250	20	\$3.79	\$47.38
				0			\$0.00
				0			\$0.00
				0			\$0.00
				0			\$0.00
TOTAL MILEAGE / GAS COST				250			\$47.38

GRAND TOTAL EXPENSES CLAIMED **\$866.23**

SIGNED	DATE	APPROVED	DATE
John Doe	4/3/2011	DSRA Treasurer (name)	4/5/2011

DSRA EXPENSE CLAIM - INSTRUCTIONS

1. Complete top portion of the form with personal contact information and purpose of the trip.
2. Fill in the dates for which expenses were incurred.
3. Following the guidelines in the DSRA Expense Policy, fill in the actual expenses incurred for each specific date.
4. Gasoline for vehicle related travel expenses will be reimbursed as calculated by the form, based on the gasoline cost the gasoline costs on the day of travel, and the mileage driven. Please submit a gasoline receipt for the day of travel to support the cost of gasoline being claimed.
5. The form will automatically calculate the total expenses.
6. Sign and date the Expense Form, or type your name and date if submitting by email.
7. Attach receipts, receipts may be scanned and e-mailed to the Treasurer in lieu of mailing originals.
8. Attach evidence of prior approval for the expenditures
9. Mail to DSRA Treasurer, Ron Beeber, 605 6th Street, Pentwater, MI 49449, or email to ron.beeber@gmail.com.

These instructions are part of the requirements for DSRA compliance with ERISA regulations for a 501(c)(5) non-profit corporation, we appreciate your help and support with this compliance.