

Senior Service America, Inc.

Senior Environmental Employment (SEE) Program 8403 Colesville Road, Suite 1200 ● Silver Spring, Maryland 20910

Phone: (301) 578-8900 • Fax: (301) 578-8895



TRAVEL EXPENSE REPORT										
Name:					Dept / Spor	nsor:				
Purpose:										
Departure Date:	Time:		Return		Date:		Time:			
Destination(s) incl: City State								TOTALS		
	EXPENSE DETAIL						To Be Reimb.	Chrg to SSAI		
Regional Headquarters										
Account to be charged:	%□	%□ PGM%□ ENF%□			AG PGM% HPS					
Date										
Per Diem										
Hotel (incl tax)										
Airline Ticket										
Car Rental										
Gas for Rental										
Private Car Odometer R	eadings	I	_	1	1	,				
From:										
To:										
Number of Miles:										
Total Miles Driven:	@ \$0.565 / mile		· · · · · · · · · · · · · · · · · · ·		Enter total here >					
Local Transport.										
Parking										
Tolls										
Other expenses must b	e detailed or	n back.			Enter	total here >				
TOTALS:										
Traveler's Sig.		Date		LESS TRAVEL ADVANCE (Check No):			\$			
EPA Approving Official				Balance Due Traveler:			\$			
SSAI Approving Official						DUE SSAI:			\$	



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TRAVEL EXPENSE REPORT							
Enrollee n	ame:	_ Date:					
Date	OTHER EXPENSES Provide detail of other expenses:	To be Reimbursed	Charge to SSAI				
	Total other expenses – carry total forward to "Other" on front						

Calculation of allowable per diem reimbursement for travel days (See SSAI Travel Policies and Procedures):
The full GSA Schedule is posted by location at http://www.gsa.gov/portal/category/21287

Per Diem Amount	\$46.00	\$51.00	\$56.00	\$61.00	\$66.00	\$71.00
75% of Per Diem Amount	34.50	38.25	42.00	45.75	49.50	53.25

Please complete and mail with original receipts to:

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