



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/Sponsor: _____													
Purpose: _____																									
Departure Date: _____						Time: _____						Return Date: _____						Time: _____							
Destination(s) incl: City _____												State _____													
EXPENSE DETAIL																									
The % breakdown below is for OCSP Only																		TOTALS							
Regional																		Headquarters							
Account to be charged: _____ % PGM _____ % ENF _____ % STAG												_____ % PGM _____ % HPS						To Be Reimb.		Chrg to SSAI					
Above sum does not equal 100%																									
Date (M/D)		_____		_____		_____		_____		_____		_____		_____		_____		_____		_____		_____			
Per Diem		_____		_____		_____		_____		_____		_____		_____		_____		_____		_____		_____			
Hotel (incl/tax)		_____		_____		_____		_____		_____		_____		_____		_____		_____		_____		_____			
Airline Ticket		_____		_____		_____		_____		_____		_____		_____		_____		_____		_____		_____			
Car Rental		_____		_____		_____		_____		_____		_____		_____		_____		_____		_____		_____			
Gas for Rental		_____		_____		_____		_____		_____		_____		_____		_____		_____		_____		_____			
Private Car Odometer Readings																									
From:		_____		_____		_____		_____		_____		_____		_____		_____		_____		_____		_____			
To:		_____		_____		_____		_____		_____		_____		_____		_____		_____		_____		_____			
Number of Miles:		_____		_____		_____		_____		_____		_____		_____		_____		_____		_____		_____			
Total Miles Driven:		_____		_____		_____		_____		_____		_____		_____		_____		_____		_____		_____			
Local Transport.		_____		_____		_____		_____		_____		_____		_____		_____		_____		_____		_____			
Parking		_____		_____		_____		_____		_____		_____		_____		_____		_____		_____		_____			
Tolls		_____		_____		_____		_____		_____		_____		_____		_____		_____		_____		_____			
Other expenses must be detailed on back.																		Enter total here >						\$0.00	
Totals:		_____		_____		_____		_____		_____		_____		_____		_____		_____		_____		_____			
Traveler's Sig. _____												Date: _____													
EPA Approving Official _____												Date: _____													
SSAI Approving Official _____												Date: _____													
																		LESS TRAVEL ADVANCE (Check No. _____):							
																		Balance Due Traveler:							
																		DUE SSAI:							

ORIGINAL RECEIPTS MUST BE PROVIDED FOR ALL EXPENSES

