



# Senior Service America, Inc.

## Travel Expense Report

### FS-ACES Pilot Program

8403 Colesville Road, Suite 200 • Silver Spring, Maryland 20910

Name: _____												Dept/Sponsor: _____											
Purpose: _____																							
Departure Date: _____						Month / Day / Year			Time: _____			Return Date: _____						Month / Day / Year			Time: _____		
Destination(s) incl: City/State																							
<b><u>EXPENSE DETAIL</u></b>																							
																<b>TOTALS</b>							
																<b>To Be Reimb.</b>	<b>Chrg to SSAI</b>						
Date (M D)																							
Per Diem																							
Hotel (incl/tax)																							
Airline Ticket																	Enter cost here >						
Car Rental																							
Gas for Rental																							
Private Car Odometer Readings																							
From:																							
To:																							
Number of Miles:																							
Total Miles Driven:																	@ \$ .535 /mile	Enter total here >					
Local Transport.																							
Parking																							
Tolls																							
Other expenses must be detailed on back.																Enter total here >							
Totals:																							
Traveler's Sig. _____ Date: _____ FS 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**



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8403 Colesville Road, Suite 200 • Silver Spring, Maryland 20910

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

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Enrollee name: \_\_\_\_\_ Date: [Month / Day / Year]

Table with columns: Date (Month, Day), OTHER EXPENSES (Provide detail of other expenses:), To be Reimbursed, Charge to SSAI. Includes a total row at the bottom.

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

Table with 7 columns: Per Diem Amount, \$51.00, \$54.00, \$59.00, \$64.00, \$69.00, \$74.00. Row 2: 75% of Per Diem Amount, \$38.25, \$40.50, \$44.25, \$48.00, \$51.75, \$55.50

Please complete and mail with original receipts to:

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