Receipts are Not needed for:
•Meals
•Mileage fees

Where are you going?

Please visit the Meals page for more information.

Check the Mileage Table for distance calculations

Where is your money coming from?

## SEMA4 EMPLOYEE EXPENSE REPORT

| | | | | | | |
|---|---|---|---|---|---|---|
| in state / out state | short term adv / annual adv | **Reason for Travel/Advance** | **Employee Name** | **Home Address (incl city , state & zip)** | **SEMA 4 Employee ID** | **SEMA4 Record Number** |
| Final expenses for trip? | | **Trip dates (start/end)** | **Permanent Work Station (include city and state)** | **Agency** E26 / **Job Title** | **BurgUnit** | **Cost Center** |

| Date | Daily Description/Comments | Meals B L D | Total all meals (w/o overnight) | Total all meals (with overnight) | Lodging | Conference Registr.Fee | Air Fare/ Parking | Personal Telephone | Time | Location | Trip Miles | Total trip & Local Miles | Mileage Rate | Mileage Amount | Total |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | | | | | | | | | | | | | | | |

Two Signatures are needed

**Employee Signature** **Date** **Work Phone**

Approved: Based on knowledge of the necessity for travel and expense and on the basis of compliance with all provisions of applicable travel regulations.

**Supervisor Signature** **Date** **Work Phone**

Appointing Authority Designee Signature (Needed for Annual Advance and Special Expenses) Date

| | | | |
|---|---|---|---|
| | | | |
| | | | |
| GRAND TOTAL: SUBTOTAL FROM ABOVE PLUS TOTAL OF ALL OTHER EXPENSES | | | Grand Total: |
| LESS ADVANCE: | | | |
| TOTAL AMOUNT TO BE PAID TO EMPLOYEE: | | | |
| AMT. OF ADV. TO BE RETURNED BY DEDUCTION FROM PAYCHECK: | | | |

Was there a Travel Advance prior? Subtract that here.