

Pennsylvania Highlands Community College

TRAVEL / CONFERENCE EXPENSE

Meeting/Conference _____

Date(s) Attended: _____

EXPENSES: **ALL** claims for expenses **MUST** be supported with **detailed** receipts.

MEALS		
Date	Place	Total
Total		-

MILEAGE*		
From	To	# Miles
Total		0

OTHER EXPENSES		
Date	Registration, Hotel, Tolls, etc.	Total
Total		-

AIR FARE, CAR RENTAL, ETC.		
From	To	Total
Total		-

Name: _____	Total Expenses Claimed		Acct #
Signature: _____	Meals	-	
Approval: _____	Mileage	\$0.00	
Approval: _____	Other Expenses	-	
Approval: _____	Bus, Air Fare	-	
Approval: _____	Total Claimed	-	

* Subtract normal commute miles if your trip starts or ends at home.