

PDRC TRAVEL EXPENSE REPORT

PO BOX 1034

PORT ANGELES, WA 98362

PHONE: (360) 452-8024 FAX: (360) 452-0458

Name: _____

Travel Dates: _____

Address: _____

Purpose of Travel: _____

Signature: _____

	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday	Totals
Location:								
Transportation								
Airfare								
Parking & Tolls								
Taxis								
Auto Rental								
Ferries								
Sub-Total								
Mileage								
Actual Miles								
Rate per Mile	\$0.50	\$0.50	\$0.50	\$0.50	\$0.50	\$0.50	\$0.50	
Sub-Total								
Lodging								
Hotels								
Meals								
Breakfast								
Lunch								
Dinner								
Sub-Total								
Other								
Sub-Total								
TOTALS								
Notes:						Less Cash Advances		
						Less Other Prepaid Charges		
						To Be Reimbursed		

PDRC STAFF ONLY

Authorized by _____ Date _____

Class _____