

PECG EXPENSE CLAIM

Name: _____ Month: _____, 20____

Street: _____ Section: _____

City: _____ State: _____ ZIP: _____ Office: _____

| | 1 | 2 | 3 | 4 | 5 | 6 | 7* | 8 | 9 | 10 | 11 |
|----------------|----------|------|-------|-------|---|---|--------|------|-------------------|-------|----------------|
| | Lodging | | | Meals | | | | | | | |
| Date | Location | Room | Misc. | B | L | D | Travel | Taxi | Tolls/ Parking | Other | Daily Total |
| 1 | | | | | | | | | | | |
| 2 | | | | | | | | | | | |
| 3 | | | | | | | | | | | |
| 4 | | | | | | | | | | | |
| 5 | | | | | | | | | | | |
| 6 | | | | | | | | | | | |
| 7 | | | | | | | | | | | |
| TOTAL = | | | | | | | | | | | |

Purpose/
Explanations: _____

***Travel Cost - Item #7:**

Current Milage Rate: \$ / Mile

#1 Miles x Rate = _____

#2 Miles x Rate = _____

#3 Miles x Rate = _____

#4 Miles x Rate = _____

#5 Miles x Rate = _____

#6 Miles x Rate = _____

#7 Miles x Rate = _____

| APPROVING OFFICIALS INFORMATION | |
|---|-------|
| Signature: | _____ |
| Approved by: (Printed Name) | _____ |
| Date: | _____ |
| (FOR OFFICE USE ONLY: (Budget Item(s)) | _____ |
| Claimant's Signature: | _____ |