

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:	_____