

The Institute of Electrical and Electronics Engineers, Inc.  
**Expense Report**

Name: \_\_\_\_\_  
 Address - to \_\_\_\_\_  
 send check \_\_\_\_\_  
 \_\_\_\_\_

For Period Ending: \_\_\_\_\_  
 Member of: \_\_\_\_\_  
 BOD          ExCom          Reg. Dir.          Staff  
 \_\_\_\_\_  
 Stndg Brd/Comte Rep          Soc Officer  
 \_\_\_\_\_

Purpose of Trip - Note each day's activity

Provide details and full support on items (1) through (7)

Details	Date	Town										Total Expense	Chrg. Dir. to IEEE(7)
Personal Auto Mileage													
Trans. - Tolls & Parking												0,00	
Mileage Allowance (\$.325per mile)	0,00	0,00	0,00	0,00	0,00	0,00	0,00	0,00	0,00	0,00	0,00	0,00	
Taxi/Bus - See Itemized Expenses (1)												0,00	
Plane, Train, Auto Rental (Provide Backup)												0,00	
Lodging - Self												0,00	
Meals/Self - see Itemized Expenses (2)	0,00	0,00	0,00	0,00	0,00	0,00	0,00	0,00	0,00	0,00	0,00	0,00	
Official Guest - see Itemized Expenses (3)	0,00	0,00	0,00	0,00	0,00	0,00	0,00	0,00	0,00	0,00	0,00	0,00	
Miscellaneous - Tel. & Telegraph												0,00	
Tips & Gratuities (4)												0,00	
Other (5)												0,00	
Other (6)												0,00	
<b>Total Expense</b>	0,00	0,00	0,00	0,00	0,00	0,00	0,00	0,00	0,00	0,00	0,00	0,00	0,00

	Currency Conversion Rate	1,000
	Total Expenses in US \$	0,00
Provide details below and attach full support on items 5, 6, & 7	Less Charged Directly to IEEE	0,00
(5)	Less Advance from IEEE	
	Balance due from(to) IEEE in US\$	0,00
(6)		
(7)		

ENTITY	BUSI.UNIT	COST CTR	ACCT	PROJ	AMOUNT
DISTRIBUTION TOTAL					0,00

Member/Vendor No.	Originator's Signature:	Date Signed:
Approved By:	Approved By:	Date Approved:

Name: \_\_\_\_\_

For Period Ending: \_\_\_\_\_

### Itemized Expenses

#### Taxi/Bus (1)

Note: receipts are required for amounts over \$25.00. Enter daily totals on page 1.

Date:	Fare:	To/From:
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

#### Meals/Self (2)

Note: receipts are required for amounts over \$25.00.  
Daily amounts are automatically carried over to page 1.

Date:	Breakfast	Lunch	Dinner	Social
0-1-1900	_____	_____	_____	_____
0-1-1900	_____	_____	_____	_____
0-1-1900	_____	_____	_____	_____
0-1-1900	_____	_____	_____	_____
0-1-1900	_____	_____	_____	_____
0-1-1900	_____	_____	_____	_____

#### Meals/Official Guests (3)

Daily amounts are automatically carried over to page 1.

Date:	Amount:	Description
0-1-1900	_____	_____
0-1-1900	_____	_____
0-1-1900	_____	_____
0-1-1900	_____	_____
0-1-1900	_____	_____
0-1-1900	_____	_____

#### Tips & Gratuities (4)

Note: Please provide receipts for tips & gratuities over \$25.00. Enter daily totals on page 1.

Date:	Amount:	Description
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____