

SOUTHERN REGION EMERGENCY MEDICAL SERVICES, INC.
TRAVEL EXPENSE REPORT - BOARD OF DIRECTORS AND STAFF

PLEASE COMPLETE ALL INFORMATION and send to SREMSC, 6130 Tuttle Place, Suite B, Anchorage, AK 99507.

Name: _____ Mailing Address: _____

Title: _____

Departure (street address): _____ Departure date/time: _____

Destination (street address): _____ Return date/time: _____

Location and Purpose of travel: _____

Travel forms must be returned to SREMSC no later than 10 business days after travel completion!

MEALS Prepaid: Yes No

DATE	B - \$12 12 am-10am	L - \$16 10 am-3pm	D - \$32 3 pm-12am	Total For Day
Sub Total:				

Date	B - \$12 12 am-10am	L - \$16 10 am-3pm	D - \$32 3 pm-12am	Total For Day
Meals Total:				

LODGING

DATE	DESCRIPTION	Personally Paid	Paid by SREMSC
Sub Total Lodging:			

TRANSPORTATION / OTHER

DATE	DESCRIPTION	Personally Paid	Paid by SREMSC
	Mileage (X .58 (IRS-2019))		
Sub Total Transportation:			

TOTAL:		
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I certify this report to be true and correct.

Signature _____ Date _____

Approved _____ Date _____

Approved _____ Date _____

ACCOUNTING USE ONLY	
Account _____	Amount \$ _____
Account _____	Amount \$ _____
Account _____	Amount \$ _____
Invoice Date: _____	Invoice #: _____
Check Date: _____	Check #: _____