

**RECORD OF LOST RECEIPTS AND  
 DAILY RECORD FOR ACTUAL & NECESSARY  
 TRAVEL EXPENSES**

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

**SS#:** \_\_\_\_\_

**Inclusive Date(s) of Travel:** \_\_\_\_\_

**MEALS EXPENSE**

<b>Date</b>	<b>Expense Item</b> (e.g., breakfast, lunch, dinner)	<b>Location</b> (city, state)	<b>*Expense Amount</b>	<b>Lost Rcpt</b> (x)
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

**LOCAL TRANSPORTATION EXPENSE**

<b>Date</b>	<b>Expense Item</b> (e.g., taxi, bus, limo, etc.)	<b>Location</b> (city, state)	<b>*Expense Amount</b>	<b>Lost Rcpt</b> (x)
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

**OTHER MISCELLANEOUS EXPENSE**

<b>Date</b>	<b>Expense Item</b>	<b>Location</b> (city, state)	<b>*Expense Amount</b>	<b>Lost Rcpt</b> (x)
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

**\* Note** - If used as daily record for A&N expenses, a receipt is required for any single expense \$25 or more. Used in lieu of lost receipts only after appropriate attempts have been made to obtain a copy. When used for lost registration and lodging receipts, proper justification must be documented.

I, the undersigned, certify that the above account of paid expenses incurred while in authorized official travel status is just, correct, and true, and that I am authorized to make claim for reimbursement of same.

\_\_\_\_\_  
 Signature

\_\_\_\_\_  
 Date