

DANE COUNTY PARENT COUNCIL, INC
OUT OF AREA TRAVEL RECONCILIATION

TRAVEL INFORMATION

Name	Date
Purpose of Travel	Destination
Begin Date and Time	End Date and Time

Traveler must provide receipts for all expenses listed below except odometer reading.

RECONCILIATION CALCULATION

HOTEL: Name _____	\$ _____
TRANSPORTATION (circle one) RR BUS PLANE AUTO Auto Odometer Reading: _____ Begin _____ End _____ total miles X _____ .33 rate	\$ _____
MISCELLANEOUS EXPENSES: (itemize) _____ _____ _____	\$ _____ \$ _____ \$ _____

TOTAL EXPENSE	\$ _____
LESS AMOUNT TO RECONCILE	\$ _____
BALANCE DUE TRAVELER	\$ _____
BALANCE RETURN TO AGENCY	\$ _____

AUTHORIZATION

Traveler Signature	Date
Fiscal Signature	Date