

The Institute of Electrical and Electronics Engineers, Inc.

Expense Report

2006

Name: _____
 Send check to the following address : _____

For Period Ending: _____
 Member of: [Please select from list . . .](#) _____
 If Other, please describe : _____

Purpose of Trip - Note each day's activity									

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

Details	Date	Town	KM	Mile	PERSONAL AUTO USAGE MAKE ONLY ONE CHOICE, MILES OR KILOMETERS					Total Expense	Chrg. Dir. to IEEE(7)
Personal Auto Usage : (Enter " X ")										NO	
Mileage Allowance (\$.445 per mile,\$0.276 per Km) in US\$					0.00	0.00	0.00	0.00	0.00	FALSE	
Trans. - Tolls & Parking										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	
Official Guest - see Itemized Expenses (3)					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	
Total Expense					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
Mileage Allowance in US\$ w/Conversion	0.00
Less Charged Directly to IEEE in US\$	0.00
Less Advance from IEEE in US\$	0.00
Balance due from(to) IEEE w/conversion	0.00
Balance due from(to) IEEE in US\$	0.00

Provide details below and attach full support on items 5, 6, & 7

(5)		
(6)		
(7)		

ENTITY	BUSI.	UNIT	COST	CTR	ACCT	PROJ	AMOUNT
DISTRIBUTION TOTAL							0.00

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

Name: _____

For Period Ending: 00-Jan-00

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
00-Jan-00	_____	_____	_____	_____
00-Jan-00	_____	_____	_____	_____
00-Jan-00	_____	_____	_____	_____
00-Jan-00	_____	_____	_____	_____
00-Jan-00	_____	_____	_____	_____
00-Jan-00	_____	_____	_____	_____
00-Jan-00	_____	_____	_____	_____

Meals/Official Guests (3)

Daily amounts are automatically carried over to page 1.

Date:	Amount:	Description
00-Jan-00	_____	_____

Tips & Gratuities (4)

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

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