

**THE COUNCIL ON CHIROPRACTIC EDUCATION
TRAVEL EXPENSE REPORT / CLAIM**

Rev. 04/16/2010

NAME _____ SOCIAL SECURITY # _____

MAIL REIMBURSEMENT TO: _____

PURPOSE OF TRIP _____

ALL CCE RELATED TRAVEL EXPENSES MUST BE SUBMITTED ON A CCE EXPENSE FORM

Return to: The Council on Chiropractic Education, 8049 N. 85th Way, Scottsdale, AZ 85258

Tel: (480) 443-8877 Fax: (480) 483-7333

TRAVEL EXPENSES									
DATE OF EXPENSE →								EXPENSE TOTALS ↓	
B -LODGING (+TIPS)									
C-MEALS <small>(INCLUDE TIPS)</small>	BKFST								
	LUNCH								
	DINNER								
H-INTERNET									
G-GRD TRANSPORT <small>(TIPS,TOLLS, GAS)</small>									
J-PARKING <small>(VALET/TIPS)</small>									
D-MILEAGE @.50 /MI <small>TOTAL MILES _____</small>									
F-AIRFARE (+ BAGS)									
K-HONORARIA									
								TOTAL AMOUNT	

I certify that the above items were incurred in conducting CCE business.

SIGNED DATE

FOR CCE ADMINISTRATIVE OFFICE USE ONLY

G/L ACCOUNTS: To ensure proper posting circle appropriate expense account.					5482	Focus	5489	Site Team Trng	
5401	Annual Mtg	5441	Committee	5461	Task Force	5483	FCLB	5490	Site Observer
5421	Semi-Annual	5442	Exec Comm	5471	Other Mtg	5484	USDE	5491	Membership
5426	CCE President	5448	CCEI	5478	Comp Visits	5486	CHEA	5492	Residency
5436	Council Chair	5452	Governance	5480	Interim	5488	ASPA	5493	Staff-Unbillable

APPROVAL: _____
 REVIEW STAFF DATE

 CCE PRESIDENT DATE

CCE MILEAGE LOG

	TO	FROM	TRIP MILES
CITY & STATE			
DATES			

CITY & STATE			
DATES			

CITY & STATE			
DATES			

TOTAL _____

This should accompany the corresponding expense report if you are reporting mileage.