



POTOMAC CONFERENCE CORPORATION

Human Resources

606 Greenville Avenue, Staunton, VA 24401

Office (540) 886-0771 | Fax (540) 904-0722

http://www.pcsda.org

EXPENSE REPORT

Name _____ Date Submitted _____

Address _____
(Street) (City) (State) (Zip)

Phone _____

Purpose of Trip _____

DESCRIPTION

AMOUNT

Miles: _____

Mileage reimbursed at \$.40/mile

From _____

To _____

\$ _____

Air Fare (Receipts Required)

\$ _____

Car Rental (Receipts Required)

\$ _____

Lodging (Receipts Required)

Date/s _____

\$ _____

Per Diem: Single/Couple

\$ _____

Child/ren

\$ _____

Dates for Per Diem _____

Total Per Diem

\$ _____

Per Diem:

Single 41.00 (2 or more meals)

Single 20.50 (1 meal/1/2 day)

Couple \$62.00

Children (\$21.00/child)

Total Expense Amount

\$ _____

Signature _____ Date _____

Department Director/Designee