## **Travel Expense Form rev2020**

| Employee Name: |                          |              |           |
|----------------|--------------------------|--------------|-----------|
| Date           | RC#, Facility or Project | Expense Type | Amount    |
|                |                          |              |           |
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| Total          |                          |              |           |
|                | 4+ Hour Trip             | Full Day     | Overnight |
| Domestic Rate  | \$20.00                  | \$40.00      | \$50.00   |
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| Signature:     |                          |              |           |
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