AAMVA Expense Report

Name:	Laganelli, John	Payee:		Purpose of Travel (Required):	Multiple Destination (Y/N)	Week Ending
Email Address:	John.Laganelli@SCDMV.Net	Type (Employee / Volunteer):	Volunteer	2017 Annual Region II Planning Meeting Chattanooga, Tennessee	N	11/05/16
Phone #:	(803) 896-9010	Address (if not employee):	10311 Wilson Blvd, Blythewood, SC 29016			

Expense Coding

Project #	Task #	Grant (Y/N)	Date	Points of Origin & Destination	Transportation (Air/Rail)	Lodging (room & tax)	Travel Phone & Internet	Car Rental	Taxi & Limo	Gas / Tolls / Parking	Mileage $	Per Diem Meals & Incidental Expenses	Entertainment (Input & Itemize Below) Entertainment (Activities / Meals)	Entertainment Alcohol	Other (Input & Itemize Below) Business Meals	Employee Telecom	Miscellaneous	Daily Total
802-111-029	999	N	11/01/16								$0.00	$48.00						$48.00
802-111-029	999	N	11/02/16								$0.00	$5.00						$5.00
802-111-029	999	N	11/03/16								$0.00	$48.00						$48.00
											$0.00							$0.00
											$0.00							$0.00
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				Total	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$101.00	$0.00	$0.00	$0.00	$0.00	$0.00	$101.00
				Account Code	5310	5312	5503	5313	5316	5314	5314	5315	9014	9003	5317	5702		

ITEMIZED ENTERTAINMENT AND/OR OTHER EXPENSES (Provide additional pages if necessary)

Date	Name of Person(s), Title, Company	Time & Place	Business Purpose/Miscellaneous Items	GL Account	Amount
					(Travel Advance)
				Total	$0.00
				Due/(Owed)	$101.00

Accounting Use Only	Other Policy Information			
Date Received:		John Laganelli		
Date Processed:		Requestor (Print name)	Signature	Date
Processed By:	Review the T&E policy & form prior to completion	I certify that this reimbursement request is executed in accordance with AAMVA's T&E Guidelines		
Comments:	Special Mailing Instructions (if applicable):	Patrice L. Aasmo		
		Project Manager Approval (Print name)	Signature	Date
IRS Mileage Rate $0.575		Supervisor Approval (Print name)	Signature	Date

Revision Date 01/16/15