

LADCO EXPENSE REPORT

Name: _____ Agency: _____

Address: _____

Phone No.: _____

Signature: _____

Purpose of Travel: _____

Date	Grant/ Project	Transp.	Lodging	Meals	Taxi/ Shuttle	Parking	Other (Tolls, etc.)	Total
Totals								

Please note:

- (1) For use of personal automobile, the current federal mileage reimbursement applies. As of January 1, 2010, this reimbursement rate is \$0.50/mile.
- (2) It is LADCO’s policy that actual, reasonable costs will be reimbursed for meals and incidental expenses (see “Travel Policy Manual”, June 2003). WE DO NOT PAY PER DIEM. We will, however, use the federal per diem rate for meals and incidental expenses as a benchmark for what constitutes reasonable costs. Any expense report seeking a per diem reimbursement will not be approved.
- (3) Itemized receipts are required for all meals (Note: a credit card receipt is NOT sufficient). Itemized receipts are required for all other expenses over \$10.

Please submit to Lake Michigan Air Directors Consortium (Attn: Sarah Haug), 9501 W. Devon Avenue, Suite 701, Rosemont, IL, 60018 (Fax: 847-720-7891).