

The Institute of Electrical and Electronics Engineers, Inc.

Expense Report

2024

Name: _____
 Personal address: _____
 Bank account name: _____
 Bank name and address: _____
 IBAN II BIC/SWIFT: _____

For Period Ending _____
 Member of: Other
 If Other, please describe : _____

****For IEEE Staff Use Only**** If the payee is U.S. based, are they enrolled in iSupplier for electronic reimbursement (ACH)?
 If YES, it is not necessary to provide any banking information. If NO, please contact iSupplier@ieee.org to initiate the ACH on-boarding p
 U.S. based Volunteers should not contact iSupplier@ieee.org directly. Instead, they should contact the appropriate staff admin to request

Member No.	Purpose of Trip - Note each day's activity
Supplier No.	
Site:	
Provide details and full support on items (1) through (6)	

Details	Date	Town	KM	mi	Mileage	Tolls	Parking	Taxi/Bus	Plane, Train, Auto Rental	Lodging	Meals/Self	Official Guest	Miscellaneous	Tips & Gratuities	Other (5)	Other (6)	Total Expense	Chrg. Dir. to IEEE(7)		
Personal Auto Usage : (Enter " X ")			<input checked="" type="checkbox"/>															YES		
Mileage Allowance (\$0.575/Mile, \$0.36/Km) in			0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00		
Trans. - Tolls & Parking																		0.00		
Taxi/Bus - See Itemized Expenses (1)																		0.00		
Plane, Train, Auto Rental (Provide Backup)																		0.00		
Lodging - Self																		0.00		
Meals/Self - see Itemized Expenses (2)																		0.00		
Official Guest - see Itemized Expenses (3)																		0.00		
Miscellaneous - Tel. & Telegraph																		0.00		
Tips & Gratuities (4)																		0.00		
Other (5) - complete section below or provide receipt																		0.00		
Other (6) - complete section below or provide receipt																		0.00		
Total Expense w/o Mileage Allowance			0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	
																	Currency Conversion Rate	1.000		
																	Total Expenses wo/Mileage Allowance in US \$	0.00		
Details for expenses classified as Misc or Other must be provided if \$25 or less																	Mileage Allowance in US\$	0.00	0.00	
of providing a detailed summary, a receipt may be attached. Receipts are still required																	Less Charged Directly to IEEE in US\$	0.00		
(5)																	Less Advance from IEEE in US\$	0.00		
																	Total Balance due w/Mileage Allowance from(to) IEEEw/conversion	0.00		
(6)																	Total Balance due w/Mileage Allowance from(to) IEEE in US\$	0.00		
																	DISTRIBUTION TOTAL		0.00	
Originator's Name & Signatur																	Date:			
Approved By:																	Date:			
																	Print Name		Signature	

By signing and submitting this reimbursement request to IEEE, I attest all expenses identified on this expense report have been used solely for the purposes of IEEE business. I also certify these expenses have not been previously reimbursed by IEEE.

Name: _____ 0 For Period Ending: 21-maggio-2023 _____

Itemized Expenses

Taxi/Bus (1)

Note: Receipts are required in accordance with IEEE policy. Enter daily totals on page 1.

Date:	Fare:	To/From:
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Meals/Self (2)

Receipts are required in accordance with IEEE policy. Daily amounts are automatically carried over to page 1. Daily expenses are not to exceed \$100 USD without written explanation (not to be interpreted as a per diem amount) (see FOM.6 - BUSINESS EXPENSE REPORTING).

Date:	Breakfast	Lunch	Dinner	Social
0-Jan-1900	_____	_____	_____	_____
0-Jan-1900	_____	_____	_____	_____
0-Jan-1900	_____	_____	_____	_____
0-Jan-1900	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

Meals/Official Guests (3)

Daily amounts are automatically carried over to page 1.

Date:	Amount:	Description
0-Jan-1900	_____	_____
0-Jan-1900	_____	_____
0-Jan-1900	_____	_____
0-Jan-1900	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Tips & Gratuities (4)

Note: Receipts are required in accordance with IEEE policy. Enter daily totals on page 1.

Date:	Amount:	Description
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____