

The Institute of Electrical and Electronics Engineers, Inc. Expense Report

20__

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		
																	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\$	w/Conversion	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 & Signature																	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
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____