

The Institute of Electrical and Electronics Engineers, Inc.

Expense Report

2016

Name: _____
 Send check to the following address : _____

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

Member No. _____
 Supplier No. _____
 Site: _____

Purpose of Trip - Note each day's activity

Provide details and full support on items (1) through (6)

Details	Date	Town	KM	Mile	PERSONAL AUTO USAGE MAKE ONLY ONE CHOICE, MILES OR KILOMETERS					Total Expense	Chrg. Dir. to IEEE(7)
Personal Auto Usage : (Enter " X ")										NO	
Mileage Allowance (\$0.54/Mile,\$0.335 /Km) in US\$			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	0.00	0.00	0.00	0.00	0.00	0.00	0.00	
Official Guest - see Itemized Expenses (3)			0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	
Miscellaneous - Tel. & Telegraph										0.00	
Tips & Gratuities (4)										0.00	
Other (5)										0.00	
Other (6)										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
Currency Conversion Rate										1.000	
Total Expenses wo/Mileage Allowance in US \$										0.00	
Mileage Allowance in US\$ w/Conversion										0.00	0.00
(5) 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	

Provide details below and attach full support on items 5 & 6

ENTITY	BUSI.UNIT	COST CTR	ACCT	PROJ		AMOUNT
DISTRIBUTION TOTAL						0.00

Originator's Name & Signature: _____ Date: _____
 Approved By: _____ Print Name _____ Signature _____ Date: _____

Name: _____ 0 For Period Ending: _____

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
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

Meals/Official Guests (3)

Daily amounts are automatically carried over to page 1.

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

Tips & Gratuities (4)

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

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