

**National Conference on Interstate Milk Shipments**  
**TRAVEL EXPENSE REPORT**

Name: \_\_\_\_\_ Agency: \_\_\_\_\_

Origin: \_\_\_\_\_ Destination: \_\_\_\_\_

Check one: Travel Expense Estimate \_\_\_\_\_ Final Travel Expense Report \_\_\_\_\_

| Dates of Travel                        |  |  |  |  |  |  |  | TOTALS |  |
|----------------------------------------|--|--|--|--|--|--|--|--------|--|
| *Hotel                                 |  |  |  |  |  |  |  |        |  |
| Per Diem<br>( M&IE)                    |  |  |  |  |  |  |  |        |  |
| Breakfast                              |  |  |  |  |  |  |  |        |  |
| Lunch                                  |  |  |  |  |  |  |  |        |  |
| Dinner                                 |  |  |  |  |  |  |  |        |  |
| *Plane Fare                            |  |  |  |  |  |  |  |        |  |
| **Taxi Fare                            |  |  |  |  |  |  |  |        |  |
| Mileage @<br>govt. rate<br>(\$0.____ ) |  |  |  |  |  |  |  |        |  |
| Tolls                                  |  |  |  |  |  |  |  |        |  |
| Parking                                |  |  |  |  |  |  |  |        |  |
| Other:                                 |  |  |  |  |  |  |  |        |  |
|                                        |  |  |  |  |  |  |  |        |  |
| <b>TOTAL</b>                           |  |  |  |  |  |  |  |        |  |

\*Attach receipts *Make check payable to:* \_\_\_\_\_

\*\*Attach receipts if over \$10 *Provide mailing address:* \_\_\_\_\_

\_\_\_\_\_

State purpose of travel:

*I hereby certify that the above expenditures represent approved NCIMS travel.*

Traveler Signature: \_\_\_\_\_

Date: \_\_\_\_\_

NCIMS Signature (Anne Quilter, Executive Secretary) \_\_\_\_\_

Date \_\_\_\_\_

**Email with receipts to Anne Quilter, NCIMS Executive Secretary at: [quilter@ncims.org](mailto:quilter@ncims.org)**

# Instructions for Completion

1. Fill in name, agency, dates of travel and cities of origin and destination.
2. Indicate if the report is a Travel Expense Estimate or Final Travel Expense Report. When submitting a Travel Expense Estimate, no receipts are required.
3. Complete individual dates of travel. Use an additional page if needed.
4. Complete actual room cost plus any applicable tax during the dates of travel. Reimbursement shall be limited to the lower of our negotiated rate or the federal rate. Suites are not authorized. (Receipts from hotels are required)
5. The current federal per diem rate for the destination locale will be allowed for food. Meals and Incidental Travel Expenses (M&IE) shall be limited to 75% of the daily amount for travel days. Amounts for meals that were provided to you by NCIMS or covered by registration fees paid by NCIMS shall be deducted from the days M&IE amount. Receipts for meals shall not be required. (See M&IE breakdown on <https://www.gsa.gov/travel/plan-book/per-diem-rates/mie-breakdown>)
6. Separate lines for breakfast, lunch or dinner should only be used to deduct a provided meal from the federal per diem allowance when a meal is provided or to claim expenses for a breakfast or dinner when travel times on an individual day warrant (not overnight) and must be approved in advance.
7. Air travel is to be taken by the most economical fare available. Advance purchase is recommended if possible. First class air travel is not authorized. Receipt for airline tickets is required.
8. Reimbursement for use of private automobile shall be at the government rate. Reimbursement for the use of a private automobile in lieu of air travel shall be limited to the actual road mileage traveled at the government rate. Traveler is expected to use most efficient travel route and means of travel. (See FY2025 travel rate at <https://www.gsa.gov/travel/plan-book/transportation-airfare-pov-etc/private-owned-vehicle-pov-mileage-reimbursement-rates>)
9. Receipts are required for any taxi expense over \$10.
10. Note any additional reimbursable items (baggage, storage, handling) in the space labeled “**Other**” and provide receipts if over \$10.
- 11. Indicate to whom the check should be written and provide the address for mailing.**
12. State purpose of travel and any additional justification, as appropriate.
13. Traveler and Agency Grant Signing Official (Anne Quilter, NCIMS Executive Secretary) will sign and date the completed Expense Report once it is received.
14. Completed expense report plus receipts, etc., must be scanned and forwarded with a cover email to Anne Quilter, NCIMS Executive Secretary at: [quilter@ncims.org](mailto:quilter@ncims.org) or mailed to:  
NCIMS, Anne Quilter 1617 Harry Lorenzo Ave., Woodland, CA 95776