



## Field Activity Expense Report

(Division, Regiment, Battalion or Unit Activities)

Name: \_\_\_\_\_ Telephone # \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Div/Reg/Bn/Unit: \_\_\_\_\_

Activity: \_\_\_\_\_ Location: \_\_\_\_\_

Dates: Depart: \_\_\_\_\_ Return: \_\_\_\_\_

Position Held at Activity: \_\_\_\_\_

Expenses	Amount
A. Lodging (Not to Exceed \$120.00 per night)	
B. Meals (Not to Exceed \$50.00 per day)	
C. Air Transportation (Economy)	
D. Ground Transportation (Total Miles X \$0.54 = Amount)	
Odometer: Start                  Finish                  Total Miles	
E. Other	
<b>Total Expenses</b>	
<b>All Expenses, except Mileage, must be supported with receipts.</b>	
<b>All receipts must be submitted with the Expense Report.</b>	

I, \_\_\_\_\_, certify that all the expenses above were incurred while on official Young Marines' business, the information provided above is correct and I have not received reimbursement from any other source for these expenses. I further certify that I am not personally profiting in any way from this request.

Claimant's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**All Expense Reports must be submitted within 30 days of the ending date of the attended function. Expense Reports received beyond 30 days will be denied.**