TD Expense Report

TD Name: __________________________ Event: __________________________

Host Program: ______________________ Date(s): _______________________

- **Lodging**
  - Not required/requested
  - ROC Provided and covered expense
  - TD provided and needs reimbursement
    - Amount ________________
    - Receipt attached
  - Total Lodging ____________

- **Mileage**
  - 2021 IRS rate is .56
    - Miles _______ x .56
  - Total Mileage ____________

- **Meals**
  - Breakfast $8, Lunch $10, Dinner $20
    - Breakfast x ______
    - Lunch x ______
    - Dinner x ______
  - Total Meals _____________

- **Other**
  - Other:
  - Total Other ______________

- **TD Stipend**
  - Reimbursed to ROC from IMD at $120/day
    - $120 x _____ Days
  - Total Stipend ____________

  - Grand Total _____________

TD Signature: ______________________ ROC Signature: ______________________