



## 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**

- 2024-25 IRS rate is .655
- Miles \_\_\_\_\_ x .655

- Total Mileage \_\_\_\_\_

- **Meals**

- Breakfast \$15, Lunch \$20, Dinner \$25

- 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: \_\_\_\_\_