



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**

- 2025 IRS rate is .70
 - Miles _____ x .70

○ 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: _____