

CRA EXPENSE REPORT

Name: _____
 Address: _____
 City, State, Zip: _____

Travel Details

Location	Reason for Travel	Travel Date
DATE		TOTAL
Hotel		
Breakfast		
Lunc		
Dinner		
Phone		
Taxi/Subway		
Parkin		
Mileage \$.375/mile		
Tips		
Entertainment		
Airfare/Train		
Misc.		
CASH TOTAL		

ENTERTAINMENT/MEAL DETAILS

DATE	BUSINESS PURPOSE	ESTABLISHMENT/CITY/STATE	LIST OF ATTENDEES

SUBTOTAL _____
AMT REIMBURSED BY CRA _____

NOTES: _____

REIMBURSEE SIGNATURE _____ **DATE** _____
ATHORIZING SIGNATURE _____ **DATE** _____

Travel expenses listed above are in accordance with CRA travel guidelines

Remit to: **Dana Neill**
Computing Research Association
1100 17th St., NW, Ste 507
Washington, DC 20036