

# The Institute of Electrical and Electronics Engineers, Inc.

## Expense Report

**2018**

Name: \_\_\_\_\_  
 Send check to the following address : \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

For Period Ending: \_\_\_\_\_  
 Member of: Other \_\_\_\_\_  
 If Other, please describe : \_\_\_\_\_  
 \_\_\_\_\_

**\*\*For Internal Use Only\*\*** If the payee is U.S. based, are they enrolled in iSupplier for electronic reimbursement (ACH)?  YES  NO  
 If YES, it is not necessary to provide any banking information. If NO, please contact iSupplier@ieee.org to initiate the ACH on-boarding process.

Member No. \_\_\_\_\_  
 Supplier No. \_\_\_\_\_  
 Site: \_\_\_\_\_

Purpose of Trip - Note each day's activity


Provide details and full support on items (1) through (6)

Details	Date	Town	KM	Mile					Total Expense	Chrg. Dir. to IEEE(7)
<b>PERSONAL AUTO USAGE MAKE ONLY ONE CHOICE, MILES OR KILOMETERS</b>										
Personal Auto Usage : (Enter " X ")									NO	
Mileage Allowance (\$0.545/Mile, \$0.338 /Km) in US\$			0.00	0.00	0.00	0.00	0.00	0.00	0.00	
Trans. - Tolls & Parking									0.00	
Taxi/Bus - See Itemized Expenses (1)									0.00	
Plane, Train, Auto Rental (Provide Backup)									0.00	
Lodging - Self									0.00	
Meals/Self - see Itemized Expenses (2)			0.00	0.00	0.00	0.00	0.00	0.00	0.00	
Official Guest - see Itemized Expenses (3)			0.00	0.00	0.00	0.00	0.00	0.00	0.00	
Miscellaneous - Tel. & Telegraph									0.00	
Tips & Gratuities (4)									0.00	
Other (5) - complete section below or provide receipt									0.00	
Other (6) - complete section below or provide receipt									0.00	
<b>Total Expense w/o Mileage Allowance</b>			0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
									<b>Currency Conversion Rate</b>	<b>1.000</b>
									Total Expenses wo/Mileage Allowance in US \$	0.00
Details for expenses classified as <b>Misc</b> or <b>Other</b> must be provided if \$25 or less. In lieu of providing a detailed summary, a receipt may be attached. Receipts are still required if over \$25.									Mileage Allowance in US\$	0.00
									w/Conversion	0.00
									Less Charged Directly to IEEE in US\$	0.00
(5)									Less Advance from IEEE in US\$	0.00
									<b>Total Balance due w/Mileage Allowance from(to) IEEEw/conversion</b>	<b>0.00</b>
(6)									Total Balance due w/Mileage Allowance from(to) IEEE in US\$	0.00

	ENTITY	BUSI	UNIT	COST	CTR	ACCT	PROJ	AMOUNT
DISTRIBUTION TOTAL								0.00

Originator's Name & Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
 Approved By: \_\_\_\_\_ Date: \_\_\_\_\_  
 Print Name \_\_\_\_\_ Signature \_\_\_\_\_

*By signing and submitting this reimbursement request to IEEE, I attest all expenses identified on this expense report have been used solely for the purposes of IEEE business. I also certify these expenses have not been previously reimbursed by IEEE.*

**Itemized Expenses**

Taxi/Bus (1)

Note: Receipts are required in accordance with IEEB policy. Enter daily totals on page 1.

Date:	Fare:	To/From:
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Meals/Self (2)

Receipts are required in accordance with IEEB policy. Daily amounts are automatically carried over to page 1. Daily expenses are not to exceed \$100 USD without written explanation (not to be interpreted as a per diem amount (see FOM.6 - BUSINESS EXPENSE REPORTING).

Date:	Breakfast	Lunch	Dinner	Social
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

Meals/Official Guests (3)

Daily amounts are automatically carried over to page 1.

Date:	Amount:	Description
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Tips & Gratuities (4)

Note: Receipts are required in accordance with IEEB policy. Enter daily totals on page 1.

Date:	Amount:	Description
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____