



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**

- 2020 IRS rate is .575
- Miles _____ x .575

- 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: _____