## MARINE LAW ENFORCEMENT TRAINING PROGRAM TRAVEL EXPENSE WORKSHEET

CLAIMANT / STUDENT NAME (Last, First)

AGENCY NAME (As listed on MOU)

WORK ADDRESS (Street, City, State, Zip Code)

NAME OF TRAINING COURSE ATTENDED
TRAINING COURSE DATE(S)

| LOCATION OF TRAINING COURSE (City of Destination) | TRAINING RUN BY (AGENCY/COMPANY NAME) |
| :--- | :--- |



## LODGING COSTS

(Must be 50+ miles round-trip from work address to training)

| LODGING (Receipts Required) | $=\${ }^{\text {TOTAL OF RECEIPTS }}$ |
| :--- | :--- |
| PARKING FOR LODGING (Receipts Required) | $=\$ \$^{\text {ToTAL OF RECEITTS }}$ |
| Other (explained below - receipts may be required) | $=\${ }^{\text {ToTAL OF RECEIPTS }}$ |

PER DIEM (Meals) Maximum amount per meal/day listed - *any dinner \$25-26 must include receipt (Must be $50+$ miles round-trip from work address to training)


| TOTAL REIMBURSEMENT REQUESTED: $\mathbf{\$}$ |  |  |
| :--- | :--- | :--- | :--- |
| SIGNATURE OF CLAIMANT | PRINTED NAME | DATE |
|  | PRINTED NAME | DATE |

