

**TRAVEL EXPENSE REPORT**

**JAMAICA MEDICAL MISSION 2017**

Today's Date:

**SINGLE OCCUPANCY RATES**

**ST. MARY ONLY**

June 7-12, 2017

Participants Name:

Participants Phone #:

Check # and Amount:

# of Individuals Traveling with you:

List names of individuals:

Departure Date (FLL):

Return Date:

If traveling for the St. Mary half ONLY the travel dates will be June 7-12, 2017

	GENREAL	Day 1	Day 2	Day 3	Day 4	Day 5	Day 6	Day 7	Day 8	Day 9	Day 10	Totals
SECTION 1	Calendar Date					6/7/2017	6/8/2017	6/9/2017	6/10/2017	6/11/2017	6/12/2017	
						Travel Day					Travel Day	
	FLIGHT					418.00						418.00
	TRAVEL MED INSURANCE					28.00						28.00
	Proof of NSU Student Insurance [ ] Yes [ ] No											
SECTION 2	T-SHIRT					10.00						10.00
	<b>General Total</b>					<b>\$456.00</b>	<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>		<b>\$ 456.00</b>
	<b>KINGSTON</b>											
	Lodging - Kingston											0.00
	Meals - Kingston											0.00
SECTION 3	Tips - Transportation											0.00
	Other											0.00
	<b>Kingston Total</b>											
	<b>Total Per Day</b>											<b>\$0.00</b>
	<b>ST. MARY</b>											
Lodging - St. Mary					90.00	90.00	90.00	90.00	90.00		450.00	
Meals - St. Mary						27.00	27.00	18.00			72.00	
Tips - Transportation					181.00						181.00	
Medication					30.00						30.00	
<b>St. Mary Total</b>					<b>\$0.00</b>	<b>\$301.00</b>	<b>\$117.00</b>	<b>\$117.00</b>	<b>\$108.00</b>	<b>\$90.00</b>		<b>\$ 733.00</b>
	<b>TOTAL COST OF TRIP</b>											<b>\$ 1,189.00</b>

**Explanations:**

<b>SUMMARY WITH INSURANCE</b>	
ST.MARY ONLY INCLUDING TravMed insurance	<b>\$ 1,189.00</b>
<b>SUMMARY WITHOUT INSURANCE</b>	
ST.MARY ONLY EXCLUDING insurance	<b>\$ 1,161.00</b>
<b>MAKE CHECKS PAYABLE TO Women of H.O.P.E.</b>	
<b>TOTAL</b>	<b>\$1,189.00</b>

Traveler's Signature \_\_\_\_\_ Date \_\_\_\_\_

Approval \_\_\_\_\_ Date \_\_\_\_\_

**ROOM MATE**
