

**TRAVEL EXPENSE REPORT**

Today's Date:

**JAMAICA MEDICAL MISSION 2018  
SINGLE OCCUPANCY RATES  
ENTIRE TRIP KINGSTON/ST. MARY  
June 2-11, 2018**

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 Kingston half ONLY the travel dates will be June 2 - 6, 2018

If traveling for the St. Mary half ONLY the travel dates will be June 6- 11, 2018

SECTION 1

GENERAL	Day 1	Day 2	Day 3	Day 4	Day 5	Day 6	Day 7	Day 8	Day 9	Day 10	Totals
Calendar Date	6/2/2018	6/3/2018	6/4/2018	6/5/2018	6/6/2018	6/7/2018	6/8/2018	6/9/2018	6/10/2018	6/11/2018	
<b>FLIGHT</b>	Travel Day				Travel Day					Travel Day	
	418.00	0.00	0.00	0.00		0.00					418.00
<b>TRAVEL INSURANCE</b>											
Proof of Travel Insurance											0.00
[ ] Yes [ ] No											0.00
<b>T-SHIRT</b>	10.00										10.00
<b>General Total</b>	<b>\$428.00</b>	<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>	<b>\$ 428.00</b>
<b>SECTION 2</b>											
<b>KINGSTON</b>											
Lodging - Kingston	162.00	162.00	162.00	162.00							648.00
Meals - Kingston			7.00	7.00							14.00
Tips - Transportation	220.00										220.00
Medication	30.00										30.00
<b>Kingston Total</b>	<b>412.00</b>	<b>162.00</b>	<b>169.00</b>								<b>\$ 912.00</b>
<b>Total Per Day</b>				<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>			<b>\$0.00</b>		<b>\$0.00</b>
<b>SECTION 3</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											0.00
Other											0.00
<b>St. Mary Total</b>				<b>\$0.00</b>	<b>\$90.00</b>	<b>\$117.00</b>	<b>\$117.00</b>	<b>\$108.00</b>	<b>\$90.00</b>		<b>\$ 522.00</b>
<b>TOTAL COST OF TRIP</b>											<b>\$ 1,862.00</b>

Explanations:

<b>SUMMARY WITHOUT INSURANCE</b>	
ENTIRE TRIP EXCLUDING insurance	<b>\$ 1,862.00</b>

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

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

**MAKE CHECKS PAYABLE TO  
Women of H.O.P.E.  
TOTAL **\$1,862.00****

Revised January 22, 2018  
3:10 PM

<b>ROOM MATE</b>	