

TRAVEL EXPENSE REPORT

JAMAICA MEDICAL MISSION 2018

Today's Date: _____

DOUBLE OCCUPANCY RATES

ST. MARY ONLY

June 6-11, 2018

Participants Name: _____

Participants Phone #: _____

Check # and Amount: _____

List names of individuals: _____

of Individuals Traveling with you: _____

Departure Date (FLL): _____

Return Date: _____

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					6/6/2018	6/7/2018	6/8/2018	6/9/2018	6/10/2018	6/11/2018	
	FLIGHT					418.00						418.00
	TRAVEL INSURANCE											0.00
	Proof of Travel Insurance											0.00
	[] Yes [] No											0.00
	T-SHIRT					10.00						10.00
	General Total					\$428.00	\$0.00	\$0.00	\$0.00	\$0.00		\$ 428.00
SECTION 2	KINGSTON											
	Lodging - Kingston											0.00
	Meals - Kingston											0.00
	Tips - Transportation											0.00
	Other											0.00
	Kingston Total											
	Total Per Day											\$0.00
SECTION 3	ST. MARY											
	Lodging - St. Mary					47.00	47.00	47.00	47.00	47.00		235.00
	Meals - St. Mary						27.00	27.00	18.00			72.00
	Tips, Fees & Transportation					181.00						181.00
	Medication					30.00						30.00
	St. Mary Total				\$0.00	\$258.00	\$74.00	\$74.00	\$65.00	\$47.00		\$ 518.00
	TOTAL COST OF TRIP											\$ 946.00

Explanations:

SUMMARY WITH INSURANCE	
ST.MARY ONLY INCLUDING insurance	\$ 946.00
SUMMARY WITHOUT INSURANCE	
ST.MARY ONLY EXCLUDING insurance	\$ 946.00
MAKE CHECKS PAYABLE TO Women of H.O.P.E.	
TOTAL	\$946.00

Traveler's Signature _____ Date _____

Approval _____ Date _____

Revised January 22, 2018
3:00 PM

ROOM MATE	