

**TRAVEL EXPENSE REPORT - INTERNATIONAL AND REGION OFFICERS**  
**WALLY BYAM CARAVAN CLUB INTERNATIONAL, INC.**  
**PO Box 612, Jackson Center, OH 45334**

Name \_\_\_\_\_ Title \_\_\_\_\_ Date \_\_\_\_\_

Dates	Rallies and Meetings Attended	Mileage

Designate acct. to be charged:

Total mileage \_\_\_\_\_ x.535 per mile \_\_\_\_\_

Acct.No.	Amt.
600 Intl.Officer	_____
601 Intl.Bd.Travel	_____
610 Other Bd.Mbr.	_____
611 Other Bd.Travel	_____
620 Reg.Officer	_____
630 Reg.Bd.Travel	_____
Other: _____	_____
<b>TOTAL</b>	<b>\$ _____</b>

Rally Fees	_____
Overnight Parking	_____
Tolls	_____
Other _____	_____
_____	_____
_____	_____
_____	_____
<b>TOTAL</b>	<b>\$ _____</b>

(For office use)

Ck# \_\_\_\_\_ Date \_\_\_\_\_

Approval \_\_\_\_\_ Ext.Ck. \_\_\_\_\_

Signature \_\_\_\_\_

Approved by \_\_\_\_\_

NOTE: All expense claims may be submitted monthly and shall be submitted at least quarterly for payment, except that claims for the final quarter shall be submitted prior to July 1 and International Board of Trustees Meeting travel expense shall be submitted at the end of the month in which incurred. All expense claims will be accompanied by receipts, or their equivalent, to cover all expenses claimed except mileage. (Policy, page 35.2)