

JRSO POST-TRIP WORKSHEET

Name of Claimant:	
Business Dates:	Non-IODP Related Dates:
Trip To:	
Purpose of Trip:	

SUBMIT EXPENSES BELOW AND ATTACH DOCUMENTATION AS INDICATED

Individually purchased Airfare (Attach flight itinerary w/dates and times, class of service, and method of payment)	Lodging/Hotel: (original itemized receipt with zero balance)
-------------------------------------------------------------------------------------------------------------------------------	------------------------------------------------------------------------

Rental Car: (Paid itemized receipt required)	
-----------------------------------------------------	--

Personal Vehicle: Round Trip <input type="checkbox"/> One Way <input type="checkbox"/>	Address from: _____ Address To: _____
-------------------------------------------------------------------------------------------------------------------	----------------------------------------------

If Sailing: Date/Time Onboard	Date/Time Ashore
--------------------------------------	-------------------------

<p style="text-align: center;">MISCELLANEOUS EXPENSES</p> <p>Provide a receipt for any miscellaneous expense over \$75/incident (taxi, internet, parking, registration, gas for rental cars, currency exchange, foreign transaction fees). When payment is made using a foreign currency, the receipt must be converted to US Dollars. Documentation supporting the exchange rate used must be provided or Travel will use the conversion rate in Concur. Tips to hotel/airport staff are incidental expenses covered by Per Diem.</p>	<p style="text-align: center;">PER DIEM</p> <p>Were any meals provided? Enter all dates of travel and mark the meal provided with an X (no \$ amount) in the appropriate box.</p> <p>If traveler crossed International Date Line complete and attach Travel Time Calculator found at: https://www.timeanddate.com/time/travel.html If sailing, calculate date/time from home to time boarded ship or date/time disembarked ship to time arrived home.</p>
-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------	-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------

DATE	DESCRIPTION/BUSINESS PURPOSE			DATE	BREAKFAST	LUNCH	DINNER
		\$					
		\$					
		\$					
		\$					
		\$					
		\$					
		\$					
		\$					
		\$					
		\$					
		\$					
		\$					
		\$					
		\$					
		\$					
		\$					
		\$					
		\$					
		\$					
		\$					

PLEASE SIGN, DATE, AND AND ANY ADDITIONAL INFORMATION REGARDING TRAVEL

FOR INTERNAL USE ONLY	TOTAL EXPENSES \$ _____
FAMIS Account Number and class _____	Advance Received \$ _____
Cost Ref _____	Amount Due IODP for Personal Travel \$ _____
AMS REQ # _____	Total Due Traveler \$ _____