



APA C3 - EXPENSE REPORT

[For Staff and Member Reimbursement]

(202) 336-5500, Fed. I.D. # 530205890

**** Staff will receive reimbursement by direct deposit**

Revised Jan. 2020

NAME/ADDRESS:	TRANSACTION DESCRIPTION / BUSINESS PURPOSE:
	TRAVEL DATES:
	DESTINATION:
	APA CONTACT:

DATE EXPENSE INCURRED ⇒	\$	\$	\$	\$	\$	\$	\$	\$	\$	\$	\$	TOTALS
Air, Rail, Bus (If not paid directly by APA)												
Car Rental												
Number of Miles ⇒												
January 1, 2020 Rate:												
Parking & Tolls												
MiscTransportation (taxi, metro, etc.)												
Hotel Cost Only (include taxes)												
Breakfast (include tips)												
Lunch (include tips)												
Dinner (include tips)												
Per diem (Staff only)												
* Misc:												
* Misc:												
* Misc:												
* Misc:												
TOTALS												

‡ Additional Space for Misc Items ‡

Less Advance (-)

Amount Due Traveler

Amount Due APA (attach check)

STAFF USE ONLY - NAV Distribution of Expenses				
Account #	Program #	Trans Purpose	User Defined Code	Amount

ORIGINAL RECEIPTS ARE REQUIRED FOR ALL EXPENSES REGARDLESS OF AMOUNT

In the event the original receipt is not available, you must provide an explanation of why the receipt is not available.

SIGNATURE AUTHORIZATIONS

The traveler must:

- Is any portion of this payment related to an event or entertainment for, involving, or honoring a Member of Congress, congressional employee, or Executive Branch official? (Permissible, but must be reported) Yes
No
- I certify that this payment does not include a prohibited contribution or gift (including a meal) to a Member of Congress or congressional employee.

ORIGINATOR	APPROVER
Sign: _____	Sign: _____
Print Name: _____	Print Name: _____
Date: _____	Date: _____

FOR ACCOUNTING USE ONLY

Vendor #: _____	Entry #: _____	Date Entered: _____	Processed by/Date: _____
1 st Review/Date: _____	2 nd Review/Date: _____	CFO/Date: _____	