



## EXPENSE REPORT INSTRUCTIONS

**All expense reports must be submitted within 30 days of business travel.**

1. **Name/Address:** Complete the name and address sections at the top left corner of the expense report. Include your social security number the first time you submit a reimbursement request.
2. **Purpose of Travel:** To correctly assign expenses, indicate the nature of your business travel.
3. **Trip From/To:** Indicate departure and arrival destinations.
4. **Dates:** Note the dates of your travel.
5. **Out of Pocket Expenses:** Record expenses that were paid using your personal funds for which you request reimbursement. You must include original receipts.  
**Personal Auto:** Enter the number of miles driven in your personal vehicle; multiply the number by \$0.485 to calculate the amount for reimbursement.  
**Airfare/Rail, Car Rental, Taxi/Shuttle:** Include original receipts. Airfare reimbursement requests must be accompanied by the original passenger receipt and boarding pass (last stub in ticketing package.) Travel is limited to economy/coach class.  
**Lodging, Meals:** Include original receipts for hotel and meal expenses. Use the space provided on charge card receipts to note the number of people in your party, the names/titles of your guests, and the business nature of your expense. If meals are provided by FSMTB, meals may not be claimed on expense report.  
**Phone/Fax:** List these charges separately.  
**Other:** Use this section to record other expenses that do not fit into the above categories. You must include original receipts for all charges.  
**Subtotal:** Total all expenses, by day, for this section.
6. **FSMTB Credit Card Expenses:** If you are using an FSMTB issued credit card, you must supply the same receipts and documentation required for out of pocket expenses noted above.  
**Subtotal:** Total all expenses, by day, for this section.
7. **Total Daily Expense:** Please total all expenses, by day, for all sections.
8. **Explanations:** Use this section for any comments or explanations required to clarify your reimbursement request.
9. **Total Expenses:** Provide the grand total of all expenses from all sections.  
**Less Direct Charges to FSMTB Corporate Credit Card:** FSMTB pays all corporate card bills directly; please subtract the subtotal for any charges to your FSMTB corporate card.  
**Less Travel Advances:** FSMTB policy allows for staff travel advances in the amount of \$100 (or at the discretion of the Executive Director). Please subtract any travel advance amounts received prior to your travel dates.  
**Net Due Employee/Member:** Calculate the amount due to you.  
**Net Due to FSMTB:** Calculate the amount to be reimbursed to FSMTB.
10. **Signature, Date:** You must sign and date your reimbursement request.
11. **Approval:** for office use only.

Please Submit to:

7111 W. 151<sup>st</sup> Street, Suite 356, Overland Park, KS 66223  
Phone 888.70.FSMTB Fax 913.681.0391