

CRA Expense Report

Name _____

Address _____

City, State Zip _____

E-mail _____

Please type information and attach receipts to this form. Thanks!

Travel Data **DLS 2005-2006**

Location	Reason for Travel						
[Fill in location of DLS event]	[Fill in your role in DLS event: speaker/panelist/local organizer]						
DATE							TOTAL
Hotel							
Breakfast							
Lunch							
Dinner							
Phone							
Taxi/Subway							
Parking							
Mileage \$.365/mile							
Tips							
Entertainment							
Airfare/Train							
Misc.							
CASH TOTAL							

ENTERTAINMENT/MEAL DETAILS			
DATE	BUSINESS PURPOSE	ESTABLISHMENT/CITY/STATE	LIST OF ATTENDEES

SUBTOTAL _____

AMT REIMBURSED BY CRA _____

AMT DUE TO CRA _____

NOTES:

REIMBURSEE SIGNATURE _____ DATE _____

ATHORIZING SIGNATURE _____ DATE _____

Remit To: Dana Neill, Business Manager
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 Washington, D.C. 20036