AIRFARE RECONCILIATION

EXPENSE & RECONCILIATION STATEMENT

EMPLOYEE NAME:

DEPARTMENT / COST CENTER:

EMPLOYEE ID:

EMAIL / EXTENSION:

RECONCILIATION PERIOD:

STATEMENT DATE:

REPORT ID / REF:

PURPOSE OF TRAVEL:

SUBTOTAL FARE:

SUBTOTAL TAXES & FEES:

ANCILLARY FEES
(BAGGAGE, ETC):

PAYMENT METHOD & RECONCILIATION SUMMARY

CORPORATE CARD
(LAST 4):

PRE-APPROVED
BUDGET:

DIRECT BILL /
INVOICE REF:

ACTUAL AMOUNT
SPENT:

OUT OF POCKET /
CASH:

VARIANCE
(OVER/UNDER):

EMPLOYEE SIGNATURE & DATE

AUTHORIZING MANAGER SIGNATURE & DATE