

COLORADO WATER RESOURCES AND POWER DEVELOPMENT AUTHORITY

1580 LOGAN STREET, SUITE 620, DENVER, COLORADO 80203-1942
 PHONE: (303) 830-1550 FAX: (303) 832-8205

TRAVEL AND EXPENSE REPORT

NAME _____ DATE: FROM _____ TO _____

DATE											
PROGRAMS W=WPCRF; D=DWRF; S=SWRP A=AUTHORITY; O=OTHER	W	D	S	A	O	W	D	S	A	O	TOTAL
MEALS											
LODGING											
TAXI/SHUTTLE											
TELEPHONE											
PLANE, BUS OR TRAIN FARE											
PARKING AND STORAGE											
MISCELLANEOUS											
MILEAGE FROM BACK OF PAGE											
TOTAL											

I hereby certify that I discharged official duties as a member of the Colorado Water Resources and Power Development Authority on the dates listed and, therefore, request reimbursement for the above traveling and other necessary expenses.

Signature _____

Approved _____

Checked By _____

FOR OFFICE USE ONLY	
VENDOR #:	INVOICE #:
ACCOUNT	AMOUNT
CHECK #:	DATE PAID:

MILEAGE REPORT						
DATE	FROM	TO	PURPOSE	TOTAL MILES	PROGRAM	\$ AMOUNT*
					W D S A O	
					W D S A O	
					W D S A O	
					W D S A O	
					W D S A O	
					W D S A O	
					W D S A O	
					W D S A O	
					W D S A O	
					W D S A O	
			TOTAL			

* As of January 1, 2019, IRS rate is 58.0 cents per mile.