

The American Board of Radiology

5441 East Williams Blvd. Suite 200
Tucson, AZ 85711
(520) 790-2900

Travel Expense Report

Name: _____

Travel Period Starting: _____ Travel Period Ending: _____

Purpose of Travel: _____

Itemized Travel Expenses...

Air Fares *Please Attach all Ticket Stubs*

From City	To City	Amount

Use of Auto

From City	To City	Miles	Amount @ .555 cents / mile

Miscellaneous Expenses

Please Attach all Receipts

Location	Item Description	Amount

TOTAL EXPENSES _____

Please sign here... _____ Date _____

For Board Use Only	Paid Date	Check Number
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