

SEAL AVIATION TRAVEL EXPENSE REPORT

ALL EXPENSES MUST HAVE **COPIES** OF RECEIPTS. TO BE FILLED OUT BY EMPLOYEES ONLY.

NAME: _____

WORK ORDER: _____

DATE OF REPORT: _____

| TRANSACTION DETAILS | AMOUNT PAID WITH PERSONAL FUNDS | AMOUNT PAID WITH SEAL CREDIT CARD |
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SIGNATURE

TOTAL PAID WITH **PERSONAL FUNDS** TOTAL PAID WITH **SEAL CARD**

| | | |
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| SIGNATURE | \$ | TOTAL PAID WITH SEAL CARD |
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APPROVED BY

DATE

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THIS FORM IS TO BE SUBMITTED WITH THE WORK ORDER