

TRAVEL REIMBURSEMENT FORM

Requestor Name: _____

Date: _____

Recharge No: _____

Phone: _____

Email Address: _____

Home Address: _____

Name of Event

(no initials): _____

Location: _____

Purpose of Trip/Conference/Meeting:

**Home Departure
Date and Time**

**Arrival to Destination
Date and Time**

**Departure from
Destination
Date and Time**

**Arrival to Home
Date and Time**

**Authorized by
Signature:**

Date: _____

**Traveler's
Signature:**

Date: _____

Itemized List for Reimbursement

Please affix ORIGINAL receipts for all expenses, in date order, to an 8 ½ x 11 sheet(s) of paper, including credit card and/or bank receipts.

Attach conference announcement, if applicable, with receipts

This form is only for your personal expenses. If you have entertainment/meal expenses for other people, please fill out the Entertainment Reimbursement Form and include original, itemized receipts.

<u>To Reimburse</u>	<u>Receipt</u>	<u>Amount</u>
Plane Ticket:	<input type="checkbox"/>	_____ (plane itinerary & receipt even if not to be reimbursed)
Hotel:	<input type="checkbox"/>	_____ (itemized receipt)
Registration:	<input type="checkbox"/>	_____ (receipt)
Mileage:	<input type="checkbox"/>	_____ (only with personal vehicle)
Car Rental:	<input type="checkbox"/>	_____ (insurance will not be reimbursed)
Meals/Taxis/Misc. (write in, include dates)	<input type="checkbox"/>	_____ (itemized receipts)
_____	<input type="checkbox"/>	_____
_____	<input type="checkbox"/>	_____
_____	<input type="checkbox"/>	_____
_____	<input type="checkbox"/>	_____
_____	<input type="checkbox"/>	_____
_____	<input type="checkbox"/>	_____
_____	<input type="checkbox"/>	_____
_____	<input type="checkbox"/>	_____
_____	<input type="checkbox"/>	_____
_____	<input type="checkbox"/>	_____
_____	<input type="checkbox"/>	_____
_____	<input type="checkbox"/>	_____
_____	<input type="checkbox"/>	_____
TOTAL:		_____