Expense Reimbusement Request Form

Travel		Desti	ination	Travel								Meals				Lodging	Total
Function	Date(s)	From	То	Mileage Re	ent Car	Gas	Air	Train	Parking	Other	Total	Breakfast	Lunch	Dinner	Total		
											0.00				0.00		0.00
											0.00				0.00		0.00
											0.00				0.00		0.00
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	1 1		This f	form is desig	ned to a	calcul	ate to	tals. D	o not po	ost info	rmation i	n columns l	L, P or R.				ŀ
Reimburseme	ents of r	eceipted ite	ms only. Sc	an each re	ceipt a	ind th	hat de	ocume	ent to th	his rei	mbursen	ient reque	est. Kee	p origina	ls for yo	ur files.	
Submitted By:							Maili	ing Ad	dress:								
Date Submittee																	
GL Account No). <u> </u>					 											
Travel Authori	zed bv•				l												
Reimbursment	· · · ·	d by:						Date	approv	ed							
Date Paid:	<u></u>		Check No.		<u> </u>	Check	Amo			~~*						, r	
											_						
Alcoholic bever		<u> </u>	· · · ·														
Event travel is		-									S.						
Meal reimburs					× *			of \$35.	per day)							
			for meals pro				/									 	
Mileage will be	reimbur	rsed at the ra	ite of \$.14 to a	airports if 20	<u> J0 mile</u>	<u>s or n</u>	10re (one wa	vy) from	i your j	place of d	eparture.					