REQUEST FOR REIMBURSEMENT

(General Travel)

STATEMENT OF EXPENSES

Received Advance of $ _____

Name _____ Expense Total $ _____

Amount Returned or $ _____

From _____ to _____ Amount Requested $ _____

Date	Information	Miles Traveled	Travel Expenses	Hotel & Miles	Other	Total

Received _____ (Date) Checked by _____ (Business Office)

Approved by _____ (Department Head) Paid _____ (Date) Signed _____ (Person due Reimbursement)

In order to justify reimbursement and to meet auditors requirements:

(1) Attach hotel and motel bills.
(2) List each meal and amount for which reimbursement is due.
(3) Attach ticket stub for transportation used other than your own car. If you use your own car, indicated mileage which is reimbursed at the rate of $.42 per mile.

All expenses subject to audit.
Explanation required on unusual expenditures before reimbursement.
Do not include alcoholic beverages.
Suggestions for keeping cost down:

(1) Room with an associate and split the cost.
(2) Eat away from the hotel - use reasonable care in purchase of meals.
(3) If traveling by car travel with your associates and split the cost.

DO NOT USE THIS FORM FOR PROFESSIONAL MEETINGS