



**TRAVEL EXPENSES REIMBURSEMENT FORM**

Date: \_\_\_\_\_ Amount: \_\_\_\_\_  
 Payment to: \_\_\_\_\_ Department: \_\_\_\_\_  
 \_\_\_\_\_ Project/Program: \_\_\_\_\_  
 \_\_\_\_\_ Dept. Head Approval: \_\_\_\_\_  
 Submitted by: \_\_\_\_\_

**Itemization:**

Date	Purpose of Travel	From	To	# of Miles	Cost (54 cents per mile)	Toll	Parking	Total

**FOR ACCOUNTING USE ONLY:**

Account Charged: \_\_\_\_\_ Admin. Approval: \_\_\_\_\_  
 Date Posted: \_\_\_\_\_ Comments: \_\_\_\_\_  
 Check Number: \_\_\_\_\_  
 Check Amount: \_\_\_\_\_  
 Date Paid: \_\_\_\_\_



## TRAVEL EXPENSES REIMBURSEMENT FORM

te this form, attach all original receipts, obtain department head approval within five days and send to accounting department at South Street. Your reimbursement will not be processed without receipts.

Date: \_\_\_\_\_

★ **Total Amount:**

Payment to: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Department: \_\_\_\_\_  
 Project/Program: \_\_\_\_\_  
 Dept. Head Approval: \_\_\_\_\_

Submitted by: \_\_\_\_\_

### TRANSPORTATION\*

<u>Description</u>	<u>Dates</u>	<u>Amount</u>
Plane, Bus Shuttle, Taxi, Train, Metro (please indicate)		
_____	_____	\$
_____	_____	
_____	_____	

<b>Total Transportation:</b>	\$
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\*All transportation fares must be comparable to the lowest rate available. Ground transportation cost covers only for round trip from airport to hotel.

### LODGING\*\*

# \_\_\_\_\_ nights @ \$ \_\_\_\_\_ night (include sales tax & occupancy rate) = \$

\*\*Lodging reimbursements are for room and tax only.

### MEALS\*\*\*

<u>Description</u>	<u>Dates</u>	<u>Amount</u>
_____	_____	\$
_____	_____	
_____	_____	

<b>Total Meals:</b>	\$
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\*\*\*Meals reimbursements are for meals, beverages, tax & gratuity. The per diem rate \$35.00.

★ **Total Travel Expense: \$**

### FOR ACCOUNTING USE ONLY:

Account Charged: \_\_\_\_\_  
 Date Posted: \_\_\_\_\_  
 Check Number: \_\_\_\_\_  
 Check Amount: \_\_\_\_\_  
 Date Paid: \_\_\_\_\_

Admin. Approval: \_\_\_\_\_  
 Comments: \_\_\_\_\_