



Travel Expenses Reimbursement Form

Complete this form, attach all original receipts, obtain department head approval and forward everything to the accounting department at South Street. Reimbursement requests will not be processed without receipts.

Date of request: _____ Department: _____
 Payment to: _____ Project/ Program: _____
 _____ Submitted By: _____
 _____ Dept. Head Approval: _____

Totals: Pg 1: \$ _____ + (Pg 2 totals): Transportation: \$ _____ + Lodging: \$ _____ + Meals: \$ _____ =
Total Reimbursement Requested: \$ _____

Date Of Travel	Purpose of Travel	From	To	# of Miles	Cost (67 cents per mile)	Toll(s)	Parking	Daily Total
Total:								\$

For Accounting Use Only:

Account Charged: _____ Admin Approval: _____
 Date Posted: _____ Comments: _____
 Check Number: _____
 Check Amount: _____
 Date Paid: _____



Travel Expenses Reimbursement Form

Transportation

Please Indicate mode(s) of travel (i.e. plane, bus, train, etc...)	Date(s) of Travel	Amount
Total:		\$

Lodging

Length of Stay (in nights)	Cost per Night	Total (please include any taxes and fees)
	\$	\$
	\$	\$
Total:		\$

Meals

(Includes food, non-alcoholic beverages, tax and gratuity. The per diem maximum is \$45)

Location/Restaurant	Date	Amount
Total:		\$

Remember to attach all receipts to your reimbursement request form.