

Travel Expense Reimbursement Form

NCH

(1 of 2 pages)



EMPLOYEE:
AFFILIATE/DEPARTMENT:
DATE OF TRIP:
SUBJECT OF TRIP:

EMPLOYEE ID #:
DEPARTMENT COST CENTER:
LOCATION:

EXPENSES:

**AIRFARE

OR

**GAS/TOLLS

OR

MILEAGE MILES

**HOTEL

REGISTRATION

**MEALS & TIPS

TAXI

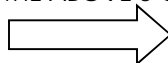
OTHER:

OTHER:

PAID BY EMPLOYEE	PAID BY NCH(ADV.)	TOTAL TRIP EXPENSE
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>
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DUE TO NCH

THE ABOVE 3 COLUMNS MUST BE COMPLETED



ABSOLUTELY NO PAYMENT WITHOUT **DETAILED RECEIPTS

For non-employer requested travel, I understand that if travel is in excess of \$500.00, I am responsible to repay NCH for all related travel should my employment end within one year from the date I am reimbursed, or the completion date of the event, whichever is later. I have read, understand, and will comply with the ["Travel Policy - HR"](#) and understand that reimbursement for travel expenses may be adjusted for non-compliance with said policy.

EMPLOYEE SIGNATURE

ADMINISTRATIVE APPROVAL
(Required if Travel is in Excess of \$1,000.)

DEPARTMENT HEAD APPROVAL

EXECUTIVE LEADERSHIP APPROVAL
(Required if Travel is in Excess of \$2,000.)

AUDITED BY

NOTE: YOU MUST ALSO PRINT OFF THE WORKSHEET FOR APPROVAL - (SEE OTHER TAB)

** Please send approved form to PAYROLL via email at payroll@nchmd.org. **

MILEAGE REIMBURSEMENT

FILL OUT THIS SIDE OF THE FORM FIRST, INCLUDE DATES/MILES/DESCRIPTION OF TRIP

PRINT THIS FORM OFF. IF IT IS NOT PRINTED OFF FOR APPROVAL THEN YOU WILL NOT BE REIMBURSED

DATES	MILES	\$	DESCRIPTION OF TRIP

x .70 =