

Travel Reimbursement Request

Submit this form with original receipts for all expenses over \$25. Allow 2-3 weeks for processing.

Employee Information

Name**Employee ID****Department**

Trip Details

Purpose of Travel ***Destination *****Departure Date****Return Date**

Expense Details

Airfare/Transportation**Lodging****Meals****Mileage (miles)****Parking/Tolls****Other****TOTAL REIMBURSEMENT REQUESTED ***

Additional Notes/Explanation

Employee Certification

Employee Signature

Sign above

Date: _____

Approvals

Supervisor

Sign above

Date: _____

Comptroller

Sign above

Date: _____

Division Vice President

Sign above

Date: _____

Business & Finance Vice President

Sign above

Date: _____

President

Sign above

Date: _____