

## 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**

**Approvals**

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**Employee Signature**

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Sign above

Date: 

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**Supervisor Approval**

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Sign above

Date: 

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