

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: _____