

## 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

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Employee Signature

\_\_\_\_\_

Sign above

Date: \_\_\_\_\_

Approvals

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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: \_\_\_\_\_