

TRAVEL REIMBURSEMENT REQUEST

Employee Name _____ Job Location _____
 Employee Address _____
 Official Meeting Attended _____
 Location of Meeting City _____ State _____
 Date of Trip Beginning _____ Ending _____
 Departure Time _____ Return Time _____

REGISTRATION (attach original receipt): Enter -0- if pre-paid \$ _____

TRAVEL EXPENSE

(Attach original, unaltered receipts for hotel, meals, taxi, rental car & fuel, parking, and if applicable airline itinerary, baggage, etc.)

Budget Acct. Line	Funds <i>must</i> be available						TOTALS
DATES							
LODGING (Itemized receipt required)							\$ _____
MEALS							
BREAKFAST							
LUNCH							
DINNER							
TOTAL FOR MEALS							\$ _____
TAXI FARES (Business Only)							\$ _____
TIPS (excluding meals)							\$ _____
PARKING							\$ _____
RENTAL CAR (Business Only)							\$ _____
FUEL (rental car only)							\$ _____
OTHER (Business Only)							\$ _____
AIR FARE (not prepaid)							\$ _____
DISTANCE BY PERSONAL AUTOMOBILE: _____ 0.67 CENTS PER MILE							\$ _____
TOTAL TRAVEL EXPENSE							\$ _____

EMPLOYEE CERTIFICATION

I hereby certify that the above expenses are just, true, and correct; that no part thereof has been paid and that the balance therein stated is actually due and owing and that the amounts claimed were necessary and incurred in the performance of my authorized official duties.

BUSINESS OFFICE CERTIFICATION

I, the CPSD employee's supervisor, certify this expense report has been examined and, to the best of my knowledge and belief, the amounts claimed were necessary for the performance of the employee's authorized official duties.

EMPLOYEE SIGNATURE _____ DATE _____

PURCHASING/ INS. CLERK SIGNATURE _____ DATE _____

BUSINESS DIRECTOR APPROVAL _____ DATE _____