

REIMBURSEMENT
OF EXPENSES FOR PROFESSIONAL ACTIVITIES

Name: _____ Date: _____

PO# _____

Title of Meeting Attended: _____

Location of Meeting: _____

Date of Meeting: _____

Travel \$ _____ (miles) @ 46 cents per mile
OR amount of carrier ticket

Parking _____ This amount must be documented

Room _____ Paid hotel/motel bill must be furnished

Meals _____ \$20.00 per day maximum, including banquets.
Itemized restaurant receipts MUST be included, as credit card slip without detail will NOT be accepted.
State sales tax & tip are excluded.
Reimbursement applies to overnight trips only.

Registration Fee _____ Includes Meals Yes () NO ()

Miscellaneous _____ This must be documented with receipt(s)

TOTAL REIMBURSEMENT
AMOUNT REQUESTED
\$ _____

Signature

Building

Please send completed form with required documentation to Accounts Payable.