

**TRAVEL/EXPENSE REIMBURSEMENT FORM**

Name of Payee \_\_\_\_\_ Date \_\_\_\_\_

Date of Travel / Expense \_\_\_\_\_ Reason for Travel / Expense \_\_\_\_\_

**Please Check**

Travel Expenses

Travel from FOREMAN to \_\_\_\_\_  
(first destination)

From \_\_\_\_\_ to \_\_\_\_\_  
(first destination) (second destination or Foreman)

From \_\_\_\_\_ to \_\_\_\_\_  
(second destination) (final destination or Foreman)

TOTAL MILEAGE \_\_\_\_\_ Rate per Mile: \_\_\_\_\_

TOTAL MILEAGE CLAIMED: \$ \_\_\_\_\_

Motel Expenses (must attach original itemized invoice) \$ \_\_\_\_\_

Meal expenses (overnight stays ONLY – attach itemized invoices) \$ \_\_\_\_\_

Other Expense related to travel: (please explain and attach receipts)

\_\_\_\_\_ \$ \_\_\_\_\_

\_\_\_\_\_ \$ \_\_\_\_\_

**Note: Attach supporting documentation – copy of meeting agenda; registration form; Shoebox registration (if through Co-Op); copy of sign-in sheet, etc**

Other Expense (not related to travel)

\_\_\_\_\_ \$ \_\_\_\_\_

\_\_\_\_\_ \$ \_\_\_\_\_

(attach all itemized receipts)

Funds to be taken from: \_\_\_\_\_

**TOTAL EXPENSES CLAIMED:** \$ \_\_\_\_\_

**Requested By:** \_\_\_\_\_

**Approved by:** \_\_\_\_\_

**For Office Use Only:**

Check No. \_\_\_\_\_ Amount \$ \_\_\_\_\_

**Note: A Separate Form has to be completed for each trip taken**