

INFORMATION NECESSARY TO REIMBURSE TRAVEL EXPENSES

Traveler's Name _____

Social Security Number _____

TRAVEL DATA

Date, Time, and Place of Departure _____

Date, Time and Place of Arrival _____

Date, Time and Place of RETURN Departure _____

Date, Time and Place of RETURN Arrival _____

Mode of Transportation: (receipt required if other than by car)

- Air
- State Car
- Private Car Mileage _____ (reimbursed at .36 per mile)

Meals: (indicate how many of each meal)

Breakfast _____
 Lunch _____
 Dinner _____

Lodging: Receipt required indicating rate and tax for single room rate

Number of Nights _____ Rate per night \$ _____

Other Expenses (receipt required)

Parking \$ _____ Date of Parking _____
 Registration Fee \$ _____
 Taxi, Limo \$ _____
 Car Rental \$ _____

PURPOSE OF TRIP (State meeting/conference attended, city traveled to and dates of meeting)
