

TRAVEL / WORKSHOP REIMBURSEMENT



date

USE THIS FORM FOR: travel or workshop reimbursement.

SUBMITTER INFORMATION	
submitter's name	phone
email	room #

TRAVELER / WORKSHOP ATTENDEE INFORMATION	
name	home phone
home address	SS# (only last 4 digits)
zip	

TRAVEL INFORMATION			
DEPARTING FROM		RETURNING FROM	
city	state	city	state
time	date (MM/DD/YY)	time	date (MM/DD/YY)

MEALS									
date	breakfast	lunch	dinner	daily total	date	breakfast	lunch	dinner	daily total
subtotal					total				

In-State Rates	Out-of-State Rates
Breakfast \$ 8.00	Breakfast \$10.00
Lunch \$ 9.00	Lunch \$10.00
Dinner \$17.00	Dinner \$20.00
Daily Total: \$34.00	Daily Total: \$40.00

Do not claim reimbursement for any meals served during flights or included in registration/agenda. Attach meeting/conference agenda to this form.

Meal reimbursement subject to these conditions:
Breakfast - (first day of travel)
 provided the traveler leaves home **before 6:00AM**
Lunch - (first and last day of travel)
 provided the traveler leaves home **before 10:30AM AND returns after 2:30PM.**
Dinner - (first and last day of travel)
 provided the traveler departs **before 4:30PM AND returns after 7:00PM**

