

# TRAVEL REIMBURSEMENT

(Return from Trip)

Date: \_\_\_\_\_

T#: \_\_\_\_\_

*Please complete and return to Lisa Herndon with original receipts attached.  
(All receipts must show a zero balance.)*

FULL (LEGAL) NAME: \_\_\_\_\_

HOME ADDRESS: \_\_\_\_\_ CITY, STATE, ZIP: \_\_\_\_\_

TITLE: \_\_\_\_\_ CWID : \_\_\_\_\_

DEPARTURE DATE and TIME: \_\_\_\_\_

RETURN DATE and TIME: \_\_\_\_\_

MEETING DATES/TIMES: \_\_\_\_\_

NATURE OF OFFICIAL BUSINESS: \_\_\_\_\_

DESTINATION: \_\_\_\_\_

## REQUEST REIMBURSEMENT FOR THE FOLLOWING:

*(MUST have receipts/proof of purchases.)*

Airfare: \_\_\_\_\_ Taxi/Uber: \_\_\_\_\_

Lodging: \_\_\_\_\_ Parking: \_\_\_\_\_

Car Rental: \_\_\_\_\_ Registration: \_\_\_\_\_

+ Per Diem: Calculated by Lisa Misc/Supplies: \_\_\_\_\_

TOTAL: \_\_\_\_\_

If requesting reimbursement for mileage, please complete the following:

City you traveled FROM: \_\_\_\_\_

City you traveled TO: \_\_\_\_\_

Total Mileage: \_\_\_\_\_

**(attach a Google map showing mileage for verification)**

Vehicle Tag: \_\_\_\_\_

Traveler's Signature: \_\_\_\_\_ Date Turned In: \_\_\_\_\_

**\*\*PLEASE NOTE\*\* ALL RECEIPTS MUST SHOW A ZERO BALANCE**

*Please return completed form with receipts within 10 business days to Lisa Herndon,  
439 Willard Hall.*