

## Travel Reimbursement

Traveler: \_\_\_\_\_ Order No.: \_\_\_\_\_ Contact/Phone: \_\_\_\_\_

Official Duty Began: Date/Time: \_\_\_\_\_

Meals paid for: \_\_\_\_\_ day(s) was Actual Expense Authorized (AEA)? Yes  No   
Lodging paid for: \_\_\_\_\_ night(s) If yes, cost for meals \_\_\_\_\_ lodging \_\_\_\_\_ both \_\_\_\_\_

Official Duty Date/Time: \_\_\_\_\_ Location: \_\_\_\_\_

Travel End: Date/Time: \_\_\_\_\_

Actual Primary Transportation Cost:  
If POV, Actual Miles (round-trip) \_\_\_\_\_ Odometer reading \_\_\_\_\_ / \_\_\_\_\_

Car Rental? Yes  / No  If yes, what was the total cost? \_\_\_\_\_

Registration Fee? Yes  / No  If yes, what was the cost? \_\_\_\_\_

Taxi Costs - Please remember RECEIPTS ARE REQUIRED for Taxis over \$75.00

Other Expenses (parking, tolls, metro, telephone calls, etc.)

Date: \_\_\_\_\_ Description: \_\_\_\_\_ Amount: \_\_\_\_\_

Did you get an advance? Yes  / No  Preferred payment: Mail  / Cashier

Traveler's Signature: \_\_\_\_\_

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