

Reimbursement/Payment Request

Grand Total Request: _____

Name: _____ Administrator Approval: _____

Grant: _____ Coding: _____

Personal Auto Mileage - No Purchase Order Necessary for mileage

Date	Destination	Event	Miles
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_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Total Mileage: _____ x **.40¢** = _____

Meals: (must have *itemized* receipts –credit card receipts/tear off stubs not acceptable)

Date	Breakfast	Lunch	Dinner
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_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Total Cost of Meals: _____

Lodging: (attach *itemized* receipts) - Purchase Order required

Date	Hotel/Motel	Amount
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_____	_____	_____
_____	_____	_____
_____	_____	_____

Total Cost of Lodging: _____

Miscellaneous:(Attach *itemized* receipts)

Plane, Train, Bus Cost: _____

Cab, Parking: _____

Supplies/Payments: _____

Total for Misc.: _____