

TRAVEL & EXPENSE – REQUEST FOR REIMBURSEMENT - 2025



Name: _____ **Date:** _____

Address: _____ **City:** _____ **State:** _____ **Zip:** _____

Mileage:

Purpose of Travel: _____

Origin (from): _____ → Destination (to): _____ Miles: _____ @ \$.70/mile = \$ _____

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Origin (from): _____ → Destination (to): _____ Miles: _____ @ \$.70/mile = \$ _____

Meals: Breakfast: _____ @ \$6 Lunch: _____ @ \$8 Dinner: _____ @ \$16 = \$ _____

Hotel: (Attach Receipts): _____ = \$ _____

Other: Expenses (Please Explain & Attach Receipts): _____ = \$ _____

TOTAL REIMBURSEMENT REQUEST = \$ _____

Signature: _____ **Date:** _____

APPROVED: _____ PAID ON: _____ CHECK #: _____