

REQUEST FOR LEAVE AND/OR TRAVEL/REIMBURSEMENT

Employee Name (Please Print) _____
 Site/Department: _____
 Request Type: Overnight or Local (Travel must be pre-approved)
 Activity _____
 (Specify name of activity/sponsor and type of activity)
 Location _____
 Time and date travel status
BEGINS: DATE _____ TIME _____
ENDS: DATE _____ TIME _____

DIRECTIONS (PLEASE READ CAREFULLY)

Prior to leave/travel:
 Attach a copy of the agenda or registration that shows what meals are and are not included.

Substitute needed? **Y/N**
 Substitute Arranged: **Y/N**
 Name: _____

Step 1: To be Completed Prior to Travel
ESTIMATED EXPENSES

ESTIMATED EXPENSES (must be completed prior to travel)

TOTAL MEALS (* for local travel only) \$ _____
 TOTAL LODGING* \$ _____
 REGISTRATION * \$ _____
 TRAVEL: _____ ESTIMATED MILES @ _____ ¢/mile \$ _____
 OTHER TRAVEL * \$ _____

Leave/Travel Request submitted by:

 Employee Signature _____ Date _____
 Leave/Travel Authorized by:

 Supervisor Signature _____ Budget Manager Signature _____
 Date _____ Date _____

Step 2: To be Completed After Travel
ACTUAL EXPENSES

DIRECTIONS (PLEASE READ CAREFULLY)

After you return from leave/travel:

1. Have Supervisor and/or Budget Manager sign
2. Provide complete, signed packet to Central Office Accounting department for processing and payment.

ACTUAL	Date	Date	Date	Date	Date	Date
Breakfast \$17						
Lunch \$19						
Dinner \$33						
TOTALS						

	Actual	Reimburse Employee	Budget Account Code
ACTUAL MEALS (*for local travel only).....	_____	= _____	_____
ACTUAL LODGING *	_____	= _____	_____
REGISTRATION *	_____	= _____	_____
TRAVEL _____ ACTUAL MILES @ _____ ¢ PER MILE	_____	= _____	_____
OTHER TRAVEL (specify) *	_____	= _____	_____
TOTAL ACTUAL EXPENSES.....	=====		

*Itemized receipts are required

= Amount to be Reimbursed to Employee

SIGN BELOW FOR EXPENSE REIMBURSEMENT ONLY

I, the undersigned hereby certify under penalty of perjury, that the foregoing account is true, that no payment has been received by me on account thereof, that no rebate of any kind has been made to me by any person furnishing any of said transportation or subsistence; that the expenses charged were actually and necessarily incurred and paid by me in lawful money.

 Employee Signature - Request for Reimbursement Date

 Supervisor Signature Date

 Budget Manager Signature Date

Central Office Approval for Payment

\$ _____ Date: _____