



# TRAVEL EXPENSE REQUEST

Claimant Name/Title \_\_\_\_\_

District/Club \_\_\_\_\_

Address \_\_\_\_\_

City/State/Zip \_\_\_\_\_

Telephone (\_\_\_\_) \_\_\_\_\_ FAX (\_\_\_\_) \_\_\_\_\_

Purpose of Trip \_\_\_\_\_

Date(s) of Trip \_\_\_\_\_

Destination \_\_\_\_\_

Address/Location  
Visited \_\_\_\_\_

Person Contacted \_\_\_\_\_

Expenses:            Mileage \_\_\_\_\_ miles at \$.44/mile \_\_\_\_\_  
                          Tolls and/or Parking \_\_\_\_\_  
                          Airline (receipt attached) \_\_\_\_\_  
                          Hotel (receipt attached) \_\_\_\_\_  
                          Meals (actual and reasonable if receipts are attached) \_\_\_\_\_  
                              Breakfast \_\_\_\_\_  
                              Lunch \_\_\_\_\_  
                              Dinner \_\_\_\_\_  
                          Tax/Limo/Bus \_\_\_\_\_  
                          Tips \_\_\_\_\_  
                          Phone and/or FAX \_\_\_\_\_  
                          Postage \_\_\_\_\_  
                          Others Expenses (please list) \_\_\_\_\_

TOTAL REIMBURSEMENT \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

Expense Classification \_\_\_\_\_

CHECK MADE PAYABLE TO: \_\_\_\_\_