

MEREDITH COLLEGE

REQUEST FOR TRAVEL REIMBURSEMENT

Name: _____

Department: _____

Account Number: _____

Purpose of Trip _____

Date	From/To	Miles	Lodging	Meals
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

SUMMARY OF EXPENDITURES

Mileage (total miles per above _____ @ _____/mile) _____

Meals (total per above) _____

Lodging (total per above) _____

Other expenditures (itemize and attach receipts) _____

TOTAL EXPENSES _____

Less: Advances Received _____

REIMBURSEMENT REQUESTED _____

Signature of Employee: _____ Date: _____

Approved by: _____ Date: _____