



REIMBURSEMENT REQUEST FOR PROFESSIONAL MEETING

EMPLOYEE NAME

BUILDING

MEETING ATTENDED

MEETING ADDRESS

MEETING DATE(S)

SUMMARY OF EXPENSES*

REGISTRATION:

HOTEL TAXES:

PARKING EXPENSE:

TRAVEL:

MILES @

\$ 0.655

CENTS PER MILE

TRAVEL - OTHER (SPECIFY):

MISCELLANEOUS (SPECIFY):

TOTAL:

\$

Reimbursement will be made in accordance with Administrative Guideline 6550.

* Original detailed receipts must accompany request for reimbursement.

EMPLOYEE'S SIGNATURE

DATE

ADMINISTRATIVE APPROVAL

DATE