

# EMPLOYEE REQUEST FOR REIMBURSEMENT

Employee Name: \_\_\_\_\_ Date: \_\_\_\_\_

Employee address or building to send check \_\_\_\_\_

## **CONFERENCE REIMBURSEMENT:**

Conference/Workshop attended: \_\_\_\_\_ Date: \_\_\_\_\_

### **Expenses Incurred (List only those items for which you require reimbursement)**

1) Pre-approved lodging \$ \_\_\_\_\_ 2) Meals (not to exceed \$25 per day) \$ \_\_\_\_\_

3) Mileage: \_\_\_\_\_ miles @ \$.\_\_\_\_\_ per mile = \_\_\_\_\_ 4) Other (please specify): \$ \_\_\_\_\_

ASN Number: \_\_\_\_\_ **TOTAL REQUEST: \$** \_\_\_\_\_

**ATTACH GOLD LEAVE OF ABSENCE FORM AND ALL RECEIPTS TO THE BACK OF THIS REQUEST.**

## **MILEAGE REIMBURSEMENT (other than conference/workshop related):**

DATE	DESTINATION / PURPOSE	MILES

ASN NUMBER: \_\_\_\_\_ **TOTAL MILES** \_\_\_\_\_ **X \$.** \_\_\_\_\_ **per mile = \$** \_\_\_\_\_

## **MISCELLANEOUS REIMBURSEMENT:**

Description of item or service purchased: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

ASN NUMBER: \_\_\_\_\_ **TOTAL MISC. REQUEST \$** \_\_\_\_\_

**RECEIPTS MUST ACCOMPANY THIS REQUEST - PLEASE ATTACH TO BACK OF THIS FORM.**

\_\_\_\_\_/\_\_\_\_\_  
Employee Signature / Date

\_\_\_\_\_/\_\_\_\_\_  
Supervisor's Authorization / Date

\_\_\_\_\_/\_\_\_\_\_  
Central Office Authorization / Date

### **TOTAL Reimbursement:**

Conference Expenses (Box 1) \_\_\_\_\_

Mileage (Box 2) \_\_\_\_\_

Miscellaneous (Box 3) \_\_\_\_\_

**TOTAL** \_\_\_\_\_