

**ADVANCE** /  **REIMBURSEMENT**

Attach Receipts to Blank Paper – We Pay Only When There Are Receipts

**Note:** All requests must be turned in **within 45 days** of the expense.

Name \_\_\_\_\_ Address \_\_\_\_\_

Phone (\_\_\_\_) \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

**Purpose of expense** \_\_\_\_\_

**Budget Charged:** \_\_\_\_\_

Point of origin \_\_\_\_\_ Destination \_\_\_\_\_

Date: Depart \_\_\_/\_\_\_/\_\_\_ Time: \_\_\_:\_\_\_ Return \_\_\_/\_\_\_/\_\_\_ Time: \_\_\_:\_\_\_

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**EXPENSES** **TOTALS**

1. Travel: Air \$ \_\_\_\_\_

2. Mileage: (Accounting will compute) – Total Mileage \_\_\_\_\_ \_\_\_\_\_

3. Per Diem: (\$35.00/day) \_\_\_\_\_

4. Lodging: \_\_\_\_\_

5. Postage: \_\_\_\_\_

6. Telephone: \_\_\_\_\_

7. Office Supplies: \_\_\_\_\_

8. \_\_\_\_\_ \_\_\_\_\_

9. **Grand Total**

**\$ \_\_\_\_\_**

10. **Signature** \_\_\_\_\_ Date \_\_\_\_\_

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**Finance Department Use Only**

Approved \_\_\_\_\_ CFO, Controller Date \_\_\_\_\_