



Travel Reimbursement Request

REIMBURSEMENT REQUESTED FOR:

Name		Phone:	
Address:			
Purpose of Trip:			

Day	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
Date							
Lodging							
Breakfast							
Lunch							
Dinner							
Tips							
Parking							
Transportation							
Mileage							
Auto Expense							
Miscellaneous							
Daily Total							

Explanation of Miscellaneous Expenses:

Total Expenses for Week:	
Cash Advance:	
Amount Due	

Signature: _____ **Date:** _____

Amount Paid: _____	Check #: _____	Check Date: _____
Account: _____	Category: _____	
Approved By: _____		

Send request to Fran Babich, 795 Silverado Estates Court, Chico, CA 95973