balance therein stated is actually due and owing and that the

amounts claimed were necessary and incurred in the performance of my authorized official duties.

TRAVEL REIMBURSEMENT REQUEST

Employee			SSN				Pay Location	
Employee Address Official Meeting Attended								
Location of Meeting	City				_	State		
Date of Trip	Beginning	9				Ending		
·	Departure Time							
(Meals are limited to one-half the per di						and return t	times are inc	licated above)
(Meals are limited to one-half the per diem rate on departure and return dates unless departure and return times are in REGISTRATION (attach original receipt): Enter -0- if prepaid								<u>\$</u>
TRAVEL EXPENSE (attach original, unaltered receipts for	or hotel, meal	ls [optiona	al], taxi, rent	al car & f	uel, parki	ng, and if a	applicable, a	airline itinerary, etc.)
Budget String		900		000	580		Funds m	ust be available
DATES								
LODGING								\$
(Itemized receipt required)								
BREAKFAST								-
LUNCH								
DINNER								_
Special Event TOTAL FOR MEALS (or per diem rate)								\$
								\$
TAXI FARES (Business Only)								\$
TIPS (excluding meals)								\$
PARKING RENTAL CAR (Business Only)								\$
FUEL (rental car only)								\$
OTHER (Business only)								
AIRFARE (not prepaid)	. –			-			_	\$
DISTANCE BY AUTOMOBI	LE:		@_ <u>0.</u>	(ENIS	PER MI	LE	\$
JPS Passenger(s) (list names):								
			TOTAL	RAVE	LEXPE	INSE		\$
EMPLOYEE CERTIFICATION				SUPERV		ERTIFICA	TION	
I hereby certify that the above expenses are just, true and correct; that no part thereof has been paid and that the								

claimed were necessary for the performance of the employee's

authorized official duties.

EMPLOYEE SIGNATURE	DATE	SUPERVISOR SIGNATURE	DATE
FUNDING DEPT APPROVAL	DATE	FORM - TRAVEL REIMBURSEMENT REQUEST 11 REVI	SED 12/5/2022