

PARTNERSHIP FOR STRONG FAMILIES

Employee Name: _____

TRAVEL REIMBURSEMENT REQUEST FORM

Department: _____

DATE	TO/FROM	Departure / Arrival Times	Map Mileage Claimed	Vicinity Mileage Claimed	# of MILES	PARKING/ TOLLS	BRKFAST	LUNCH	DINNER	*LODGING	PER DIEM	TOTAL
	To/From:				0.00							
	Purpose or Reason:				\$0.00							\$0.00
	To/From:				0.00							
	Purpose or Reason:				\$0.00							\$0.00
	To/From:				0.00							
	Purpose or Reason:				\$0.00							\$0.00
	To/From:				0.00							
	Purpose or Reason:				\$0.00							\$0.00
	To/From:				0.00							
	Purpose or Reason:				\$0.00							\$0.00
	To/From:				0.00							
	Purpose or Reason:				\$0.00							\$0.00
	To/From:				0.00							
	Purpose or Reason:				\$0.00							\$0.00
	To/From:				0.00							
	Purpose or Reason:				\$0.00							\$0.00
	To/From:				0.00							
	Purpose or Reason:				\$0.00							\$0.00
	To/From:				0.00							
	Purpose or Reason:				\$0.00							\$0.00
	To/From:				0.00							
	Purpose or Reason:				\$0.00							\$0.00

0.445

I hereby certify or affirm that the above expenses were actually incurred by me as necessary traveling expenses in the performance of my official duties; attendance at a conference or convention was directly related to official duties of the organization; any meals or lodging included in a conference or convention registration fee have been deducted from this travel claim; and that this claim is true and correct in every material matter.

Total Miles	0.00	0.00	0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Milage Reimbursment	\$0.00	\$0.00	\$0.00							\$0.00

***Receipt required for lodging expense**

Less advance, if any

Less credit card total

Amount of Reimbursement

Note: If advance totals more than total expenses, attach your check, made payable to the agency.

\$0.00

Employee signature _____ Title _____ Date _____

I hereby certify or affirm that the above expenses were incurred in connection with official business of the organization.

Supervisor's signature (Signature from Board Member for CBC President) _____ Title _____ Date _____