

REIMBURSEMENTS AND PER DIEM FORM

NAME: _____

Date: _____

ADDRESS: _____

*** Reciepts Must Be Attached!**

Meal Perdiem

Date	Time departed?	Time returned?	\$15 Bfest	\$18 Lunch	\$28 Dinner	\$61 full day	Total Amount
TOTAL							

Mileage - .51 per mile

Date	From - to Destination	Total Miles	Ferry Cost	Total Amount
TOTAL				

Lodging

Date	Name of Establishment	# of Nights	Total Amount
TOTAL			

Miscellaneous Reimbursements

Date	Description	Total Amount
TOTAL		

EXPLANATION OF REIMBURSEMENT OR STIPEND:

I hold the position of _____ and having herwith presented my itemized account amount to the sum of _____ dollars. I swear that the above expense is just and true as stated, that the expenses charged were actually and necessarily incurred.

Signature of Claimant

Approved by