



Eastern District Conference Travel Reimbursement Request

Deliver check to requestor

PLEASE PRINT - Complete Highlighted Areas / Sign & Date

Vendor #	Check Amount =
Name:	Invoice #
Attention:	Due Date:
Address:	1099 To Be Issued: <input type="checkbox"/> Check if Yes
	If 1099 is issued, provide SSN or EIN:
City/St/Zip:	Customer/Acct #

Description

EVENTS: Teacher Conference Travel Reimbursement

Reimbursement as follows:

Qualified driver -- 25 cents per mile

Qualified driver and 1 qualified passenger -- 35 cents per mile

Qualified driver and 2 or more qualified passengers -- 45 cents per mile max

Tolls included in cents per mile -- **NO** additional allowance for tolls -- Meals **NOT** reimbursable

Invoice #	Additional Information	Fund	Org	Account	Prog	Amount	D/C
	Teacher Conference	110101	221103	710202	2		D
	TOTAL MILES _____						
	List names of passengers						
	1						
	2						
	3						
	4						
	5						

Driver must complete Name/Address/City/State/Zip

Form must be signed by driver on the "Requested By:" line at the bottom of the form and dated.

Requesting Department/Organization Approval		Accounts Payable Approval	
Requested By:	Date:	Reviewed By:	Date:
Approved By:	Date:	Approved By:	Date: