



2023 Travel Reimbursement Form

Name: _____ Date: _____

Program: _____ Supervisor: _____

Destination: _____ Purpose of Travel: _____

Date & Time Left: _____ Date & Time Returned: _____

Date	Nature of Expense	Amount Spent	GL/Fund/Loc/Proj Codes
	Sub Total		
	Less Advance		
	Balance Due Employee		
	Balance Due Employer		

I certify this travel was completed by me and the above is true and correct. I have attached required receipts and all necessary back up including agendas for meetings and conferences. I have returned any advance overpayment to me by the employer.

Employee's Signature _____ Center Manager _____

Program Director _____ Executive Director _____

(Executive Director signature required if over \$1000 and/ or out of state travel and if for Program Director)