

**Community Action Team, Inc.
Travel Reimbursement**

Name: _____ Date: _____

Program: _____ Supervisor: _____

Purpose of Travel: _____

Destination: _____

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

Expense List

Date	Nature of Expense	Amount	GL/Fund/Loc/Proj Codes
<i>MM/DD/YYYY</i>	<i>E.G. HOTEL</i>	<i>\$XXX.XX</i>	<i>0000-000000-000-000-0000</i>
Sub Total:			
Less Advance:			
Balance Due Employee:			
Balance Due Employer:			

I certify this travel was completed by me and that the above information is true and correct. I have attached required receipts and necessary back up documentation, including agendas for meetings/conferences attended. I have returned any overpayment advanced to me by the employer.

Employee Signature: _____

Center Manager/Program
Director Approval: _____

Executive Director Approval: _____

(Required for requests over \$1000 or involving out of state travel; also required for travel by a Program Director)