

# Alpha Omega Alpha - Expense Reimbursement Form

Note: The 'tab' key can advance you through the form

NAME OF PAYEE

PURPOSE OF TRIP

Date of Event:

Mail attention to:

Mailing address:

City, ST, zipcode:

Phone:

Email:

Travel Dates		
From (d/m/yy):	To (d/m/yy):	Days lodging

**INCLUDE ORIGINAL RECEIPTS WITH THIS FORM FOR REIMBURSEMENT**

**Lodging receipts:** No need to break out by dates. Separate total lodging from total meals & tips.

DATE ON RECEIPT	NAME OF BUSINESS ON RECEIPT	\$ Air & Ground Trans.	\$ Lodging	\$ Meals & Tips	Other	TOTAL
						-
						-
						-
						-
						-
						-
						-
						-
						-
						-
Populate from the sum below.*						-
\$						-

\*MILEAGE reimbursement for personal car = \$0.545/mile for the purposes of fuel charges.

DATE	From/To	Miles driven	\$0.545/mile
			-
			-
			-
<b>*Sum</b>			-

Print or Enter your name

Your signature (if emailing, sending from your email address will suffice) \_\_\_\_\_ Date \_\_\_\_\_

For Office Use Only		
Authorized By	Date	Code