

TRAVEL REIMBURSEMENT REQUEST

Employee _____ SSN _____ Pay Location _____

Employee Address _____

Official Meeting Attended _____

Location of Meeting City _____ State _____

Date of Trip Beginning _____ Ending _____

Departure Time _____ Return Time _____

(Meals are limited to one-half the per diem rate on departure and return dates unless departure and return times are indicated above)

REGISTRATION (attach original receipt): Enter -0- if pre-paid \$ _____

TRAVEL EXPENSE

(attach original, unaltered receipts for hotel, meals [optional], taxi, rental car & fuel, parking, and if applicable airline itinerary, etc)

Budget String

	900		000	580	
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 Funds *must* be available

TOTALS

DATES									
LODGING (Itemized receipt required)									\$ _____
MEALS									
BREAKFAST									
LUNCH									
DINNER									
Special Event									
TOTAL FOR MEALS (or per diem rate)									\$ _____
TAXI FARES (Business Only)									\$ _____
TIPS (excluding meals)									\$ _____
PARKING									\$ _____
RENTAL CAR (Business Only)									\$ _____
FUEL (rental car only)									\$ _____
OTHER (Business only)									\$ _____
AIR FARE (not prepaid)									\$ _____
DISTANCE BY AUTOMOBILE: _____ @ <u>0.56</u> CENTS PER MILE									\$ _____
JPS Passenger(s) (list names): _____									\$ _____
TOTAL TRAVEL EXPENSE									\$ _____

EMPLOYEE CERTIFICATION

I hereby certify that the above expenses are just, true and correct; that no part thereof has been paid and that the balance therein stated is actually due and owing and that the amounts claimed were necessary and incurred in the performance of my authorized official duties.

SUPERVISOR CERTIFICATION

I, the JPS employee's supervisor, certify this expense report has been examined and, to the best of my knowledge and belief, the amounts claimed were necessary for the performance of the employee's authorized official duties.

EMPLOYEE SIGNATURE _____ DATE _____

SUPERVISOR SIGNATURE _____ DATE _____

FUNDING DEPT APPROVAL _____ DATE _____