



CHAPTER 173

TRAVEL REIMBURSEMENT REQUEST FORM

REIMBURSEMENT TYPE ADVANCEMENT FINAL PAYOUT

PURPOSE: [] TRAVEL DATE FROM: []

NAME: [] TRAVEL DATE TO: []

FULL NAME

TRANSPORTATION: [] TRANSPORT COST: []

HOTEL

RATE PER DAY: []

TAXES PER DAY: []

OF DAYS: []

TOTAL HOTEL COST: []

PER DIEM

DAILY RATE: []

OF DAYS: []

TOTAL PER DIEM: []

MISC. FEES

CHECK ALL FIELDS THAT APPLY

TAXI FROM HOME TO AIRPORT COST: []

CHECKED BAG FEE AT HOME AIRPORT COST: []

TAXI/SHUTTLE FROM AIRPORT TO HOTEL COST: []

TAXI/SHUTTLE FROM HOTEL TO AIRPORT COST: []

CHECKED BAG FEE AT DESTINATION AIRPORT COST: []

TAXI FROM AIRPORT TO HOME COST: []

PARKING FEES AT HOME AIRPORT COST: []

OTHER EXPENSE (PLEASE SPECIFY) [] COST: []

OTHER EXPENSE (PLEASE SPECIFY) [] COST: []

Baggage not to exceed one (1) bag each way unless travel is more than five work days to include travel days.

Overweight baggage fees may be covered on a case by case basis.

TOTAL MISC. FEES: []

SUBTOTAL: []

ADVANCE PAYMENTS ALREADY MADE TO TRAVELER BY NTEU []

FINAL PAY OUT: []

PLEASE SUBMIT FORM WITH APPLICABLE RECEIPTS AND/OR PROOF OF PURCHASE IN ORDER TO RECIEVE YOUR REIMBURSEMENT IN A TIMELY MANNER