SEMN Regional Radio Board

Expense Reimbursement Request Form

Reimbursement request from:
Name: _____

Address: _____
City/State/Zip: _____

Telephone #:_____
Purpose of Expense: _____

Mileage for 2011: $.50/mile Standard Federal Rate
Meals Per Diem: Breakfast $7.00
Lunch $9.00
Dinner $15.00
Lodging: Actual Receipt
No other receipts required unless expense is over $75.

ATTACH ALL PERTINENT RECEIPTS

Date	Meeting Description and Requestor Dept/Position	Lodging	# of Miles	Miles X's Mileage Rate - .50.mile	Meals Brkfst/Lunch/Dinner			Parking	Over-night ? Y or N	Sub Total

Gax #	INTL	Date
Ordered Goods Received		
Verified Math for Accuracy		
Approved for Payment	Date	
Total	Vendor #	

Fund	Dept	Unit	Activity	Objt

I hereby declare and certify under the penalty of the law that this account, claim or demand for reimbursement of expenses incurred is just and correct and that no part of it has been paid to me before.

X_____
Signature of Requestor and Recipient

Approved 06/08/2009; Revisions approved 08/03/09, 02/01/2010, 02/7/2011

V:Projects/Regional RB/Forms/ Reimb.policy and form