# 2024 Travel Reimbursement Form

NAME: _____ TODAY'S DATE: _____

| Date | Origin/Destination | Origin/Destination | Purpose | Mileage |
|---|---|---|---|---|
| Example 10/1/07 | WMCTC to UP | UP to WMCTC | Meeting | 28 |
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TOTAL MILES _____

Mileage Calculation: _____ total miles X $ **.67** per mile = $_____

**Receipted Expenses:**
*No item of expense will be approved for reimbursement if a RECEIPT is missing unless it was impossible to secure a receipt and the reason can be fully explained.*

*Mileage* $_____ *Covers gas, tires, maintenance, etc. for trip.*

*Meals ($40 per day max)* $_____ *No allowance if meals are provided.*

*Tolls* $_____ *EZ-Pass statement can be used or receipt.*

*Parking* $_____

*Other* $_____ *Explain:* _____

*TOTAL EXPENSES* $_____

*LESS Travel Advance* $_____

*Amount Due Employee* $_____

I certify that all expenses herein were incurred by me in the performance of my assigned duties with the Western Montgomery CTC.

**(1) Attach all receipts to this form (2) get supervisor approval and (3) submit to the Business Office.**

_____
Employee Signature

_____
Supervisor Approval Date

Account #:

Date Paid:

Check#: