



# Travel Reimbursement Form

San Carlos Apache College  
 1 San Carlos Ave., Bldg.3, San Carlos, AZ, 85550  
 Tel (928) 475-2016  
 Fax (928) 475-2018

EMPLOYEE NAME: \_\_\_\_\_  
 TITLE: \_\_\_\_\_  
 PHONE NUMBER: \_\_\_\_\_  
 E-MAIL: \_\_\_\_\_

Division - Department: \_\_\_\_\_  
 \_\_\_\_\_  
 Account Number: \_\_\_\_\_  
 Budget / Project: \_\_\_\_\_  
 Class: \_\_\_\_\_

REASON/JUSTIFICATION FOR TRAVEL: \_\_\_\_\_

DESTINATION:City, State & Location of Event) \_\_\_\_\_

## ORIGINAL TRAVEL REQUESTED & COST

<i>Expense Type</i>	<i>Estimated Cost</i>
<b>Airfare</b>	\$
<b>Lodging (rate/night):</b> \$ _____ X _____ <b>Nights</b>	\$
<b>Mileage (miles X rate):</b> _____ <b>mi</b> X _____ <b>Rate</b>	\$
<b>Vehicle Rental</b>	\$
<b>Per Diem</b>	\$
<b>Registration Fee</b>	\$
<b>Other:</b> _____	\$
<b>Total Cost</b>	<b>\$</b>

## REQUESTED REIMBURSEMENT

<i>Expense Type</i>	<i>Estimated Cost</i>
<b>Airfare</b>	\$
<b>Lodging (rate/night):</b> \$ _____ X _____ <b>Nights</b>	\$
<b>Mileage (miles X rate):</b> _____ <b>mi</b> X _____ <b>Rate</b>	\$
<b>Vehicle Rental</b>	\$
<b>Per Diem</b>	\$
<b>Registration Fee</b>	\$
<b>Other:</b> _____	\$
<b>Total Requested Reimbursement Amount</b>	<b>\$</b>
<b>Total Trip Cost</b>	<b>\$</b>

<u>Approval Signatures</u>	
Employee Signature: _____	Date: _____
Supervisor Signature: _____	Date: _____
Finance VP Signature: _____	Date: _____
President's Signature: _____	Date: _____