

Earlham College

PDF Reimbursement Request

Name: _____

E-mail: _____ Phone: _____

Address reimbursement check is to be sent to (please type or print):

Total amount to be reimbursed: \$ _____

Registration:

- Meeting or event registration (please include receipts): _____

Travel:

- Airfare (please include receipts; no boarding pass is needed): _____
- Rental car (please include receipts): _____
- Taxi or other public transportation (please include receipts): _____
- Parking (please include receipts): _____
- Miles driven in personal vehicle:
 - From: _____ To: _____
 - Total miles: _____
 - Round trip? (circle) Yes No (if no, include additional miles on back of form)
 - Total cost (#miles × \$0.51 per mile): _____

Lodging:

- Hotel or lodging costs (please include receipts): _____

Meals:

- Total Costs (see note below): _____

Other:

- Total Cost: _____

Please attach receipts for all meals, in order from earliest meal claimed to final meal. Each receipt should have the names of persons present at the meal written on the back, as well as the date and whether the meal is being claimed as breakfast, lunch, or dinner. NO alcohol or tobacco costs may be claimed. If per diem option is claimed for all meals, reference the Business Expense Policy/Meals section for details.