**Travel Expense Reimbursement Request**

|  |  |  |  |
| --- | --- | --- | --- |
| **Name:** | | **Agency:** | |
| **Address:** | | | |
| **City:** | **State:** | | **Zip:** |
| **Purpose:** | **Origin:** | | **Destination:** |

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Travel Dates** |  |  |  |  |  |  |  | **TOTALS** | |
| **Airfare\*** |  |  |  |  |  |  |  |  |  |
| **Hotel\*** |  |  |  |  |  |  |  |  |  |
| **Breakfast** |  |  |  |  |  |  |  |  |  |
| **Lunch** |  |  |  |  |  |  |  |  |  |
| **Dinner** |  |  |  |  |  |  |  |  |  |
| **Per Diem @** |  |  |  |  |  |  |  |  |  |
| **Ground**  **Transportation** |  |  |  |  |  |  |  |  |  |
| **Mileage @**  **0.55** |  |  |  |  |  |  |  |  |  |
| **Toll Road** |  |  |  |  |  |  |  |  |  |
| **Baggage Fee** |  |  |  |  |  |  |  |  |  |
| **Airport Parking** |  |  |  |  |  |  |  |  |  |
| **TOTALS** |  |  |  |  |  |  |  |  |  |

**\* Attach receipts for these expenses**

*Scholarship expenses are reimbursable for Travel, Hotel, Mileage, Baggage Fee, Parking, Ground Transportation and any Toll Road Fees, it does not include meals or registration.*

**Make Reimbursement Check Payable To:**

**SIGNED:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_DATE:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

NCAFDO USE ONLY

Reimbursement Date: \_\_\_\_\_\_\_\_\_\_

Check Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Arlyn Baumgarten

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