



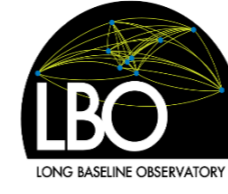
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202-462-1676



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Charlottesville, VA 22903-2475  
434-296-0211  
1003 Lopezville Road  
Socorro, NM 87801-0387  
575-835-7000



155 Observatory Road  
Green Bank, WV 24944  
304-456-2011



1003 Lopezville Road  
Socorro, NM 87801-0387  
575-838-7000



Av. Nueva Costanera 4091 Suite 502  
Vitacura Santiago, Chile  
56(2) 2210-9600

### Expense Reimbursement Request

Department		Employee's Name		Employee #		Date Submitted		Supplier/Vendor # (for accounting use only)												
Number of Day(s)	DATES x/xx/xxxx	Location		TRANSPORTATION			Lodging	GSA Per Diem		LESS PROVIDED MEALS (deduct 75% first/last day of travel)						Daily Misc.	Daily Misc.	Total Cost		
		FROM	TO	Enter Miles	Mileage (.535)	Air	Rental Car Taxi, Bus, Metro, Fuel Misc.	Enter GSA Per Diem Rate	Daily Rate	B	L	D	Enter Breakfast GSA Rate	Breakfast Daily Rate	Enter Lunch GSA Rate	Lunch Daily Rate	Enter Dinner GSA Rate		Dinner Daily Rate	Expenses (below)
(75% GSA Per Diem)																				
(75% GSA Per Diem)																				
<b>Total Expenses</b>																				
				<b>Allowable</b>																
				<b>Unallowable</b>																
				<b>Sub-Total</b>																

Explanation	Account Number	Amount
Lodging - Allowable		
Lodging - Unallowable		
Transportation - Allowable		
Transportation - Unallowable		
Meals - Allowable		
Meals - Unallowable		
Other - Allowable		
Other - Unallowable		

Travel Expense Objects				
Overhead Employee	Direct Employee	OH Non-Employee	Non-Employee	Explanation
6311	5311	6321	5321	Domestic Lodging
6312	5312	6322	5322	Domestic Transportation
6313	5313	6323	5323	Domestic Meals
6314	5314	6324	5324	Domestic Other
6331	5331	6341	5341	Foreign Lodging
6332	5332	6342	5342	Foreign Transportation
6333	5333	6343	5343	Foreign Meals
6334	5334	6344	5344	Foreign Other
6350	5350			Chile Commuting Costs
6361	5361			Visa Relocated Travel HR Only

(Less Direct Bill)
(Less Advance)
Due Employee
(Due Company)

I certify that the above statement represents actual and necessary business expenses incurred by me while engaged in company business.

Employee Signature

Date

Supervisor

Date

Site/Group Manager

Date

Date	Purpose of Trip/Expense	
Date	Miscellaneous Expense Tolls, Parking, Etc. (must provide receipts of total miscellaneous is over \$75.00)	Amount
Date	Miscellaneous Expense Actual Meals (in lieu of per diem) (Must be less than daily per diem rate, no receipts required)	Amount