



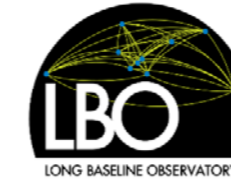
1400 16th Street NW Suite 730  
Washington, DC 20036-2252  
202-462-1676



520 Edgemont Road  
Charlottesville, VA 22903-2475  
434-296-0211  
1003 Lopezville Road  
Socorro, NM 87801-0387  
575-838-7000



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**

\_\_\_\_\_  
Traveler's Name/Address

\_\_\_\_\_  
Department

\_\_\_\_\_  
Employee #

\_\_\_\_\_  
Date Submitted

\_\_\_\_\_  
Supplier/Vendor #

(for accounting use only)

Days	DATE (s) x/xx/xxxx x/xx-x/xx/xx	Location		TRANSPORTATION				Lodging	GSA Per Diem		LESS PROVIDED MEALS (deduct 75% first/last day of travel)							Daily Misc., Registration, Dependent Care (below)	Daily Misc. Actual Meals (below)	Total Cost						
		FROM	TO	Enter Miles	Mileage (.545)	Air	Rental Car Taxi, Bus, Metro, Fuel Misc.	Enter GSA Per Diem Rate	Daily Rate	B	L	D	Breakfast (per day)	Breakfast Total	Lunch (per day)	Lunch Total	Dinner (per day)	Dinner Total								
First Day (75% GSA Per Diem)																										
Last Day (75% GSA Per Diem) <i>Less Reimbursement from Others</i>																										
<b>Total Expenses</b>																										

**Airline**     
  **Rental Car**     
  **Lodging**     
  **Other**

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

Date	Purpose of Trip/Expense



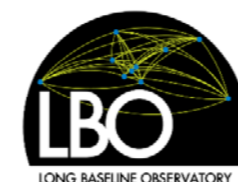
1400 16th Street NW Suite 730  
Washington, DC 20036-2252  
202-462-1676



520 Edgemont Road  
Charlottesville, VA 22903-2475  
434-296-0211  
1003 Lopezville Road  
Socorro, NM 87801-0387  
575-838-7000



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**

Traveler's Name/Address \_\_\_\_\_ Department \_\_\_\_\_ Employee # \_\_\_\_\_ Date Submitted \_\_\_\_\_ Supplier/Vendor # \_\_\_\_\_

Explanation	Business Unit	Object Code (select from drop down)	Amount
Lodging - Allowable			
Lodging - Unallowable			
Transportation - Allowable			
Transportation - Unallowable			
Meals - Allowable			
Meals - Unallowable			
Other - Allowable			
Other - Unallowable			
Chile Commuting Allowable			
Chile Commuting Unallowable			
VISA Travel Allowable (HR Only)			
VISA Travel Unallowable (HR Only)			
Registration Fee - Allowable			
Registration Fee - Unallowable			
Dependent Care - Allowable			
Dependent Care - Unallowable			
Total Expense			

Date	Miscellaneous Expense - Tolls, Parking, Etc. (must provide receipts of total miscellaneous is over \$75.00)	Allowable Amount	Unallowable Amount
	Less Reimbursement from Others		
Date	Registration Fee	Allowable Amount	Unallowable Amount
	Less Reimbursement from Others		
Date	Dependent Care	Allowable Amount	Unallowable Amount
	Less Reimbursement from Others		
Date	Total Actual Meals (in lieu of per diem) (Must be less than daily per diem rate, no receipts required)	Amount	

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

\_\_\_\_\_ Date \_\_\_\_\_ Site/Group Manager \_\_\_\_\_ Date \_\_\_\_\_

Traveler Signature

\_\_\_\_\_ Date \_\_\_\_\_

Supervisor