



2650 Park Tower Drive, Suite 700
Vienna, VA 22108
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



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

Expense Reimbursement Request

Traveler's Name/Address

Department

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 (.70)	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)					-					-					-		-		-			\$0.00
					-					-					-		-		-			\$0.00
					-					-					-		-		-			\$0.00
					-					-					-		-		-			\$0.00
					-					-					-		-		-			\$0.00
					-					-					-		-		-			\$0.00
					-					-					-		-		-			\$0.00
Last Day (75% GSA Per Diem)					-					-					-		-		-			\$0.00
Less Reimbursemen t from Others																				\$0.00		\$0.00
Total Expenses					-	-	-	-		-					\$0.00		\$0.00		\$0.00	\$0.00	\$0.00	\$0.00
				Allowable											\$0.00		\$0.00		\$0.00	\$0.00		-
				Unallowable																\$0.00		\$0.00
				Sub-Total	\$0.00	\$0.00	\$0.00	\$0.00		\$0.00					\$0.00		\$0.00		\$0.00	\$0.00	\$0.00	\$0.00
																				(Less Advance)		
																				Due Employee		
																				(Due Company)		

Date	Purpose of Trip/Expense



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Explanation	Project #	Organization / Account #	Amount
Lodging - Allowable			\$0.00
Lodging - Unallowable			\$0.00
Transportation - Allowable			\$0.00
Transportation - Unallowable			\$0.00
Meals - Allowable			\$0.00
Meals - Unallowable			\$0.00
Other - Allowable			\$0.00
Other - Unallowable			\$0.00
Chile Commuting Allowable			\$0.00
Chile Commuting Unallowable			\$0.00
VISA Travel Allowable (HR Only)			\$0.00
VISA Travel Unallowable (HR Only)			\$0.00
Registration Fee - Allowable			\$0.00
Registration Fee - Unallowable			\$0.00
Dependent Care - Allowable			\$0.00
Dependent Care - Unallowable			\$0.00
Total Expense			\$0.00

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.

Traveler Signature

Date

Site/Group Manager

Date