





155 Observatory Road Green Bank, WV 24944

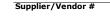
Av. Nueva Costanera 4091 Suite 502 Vitacura Santiago, Chile 56(2) 2210-9600 ALMA

Expense Reimbursement Request

Traveler's Name/Address

Department

Date Submitted



(for accounting use only)

	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.,	Daily Misc.		
Days		FROM	то	Enter Miles	Mileage (.70)		Rental Car Taxi, Bus, Metro, Fuel Misc.		Enter GSA Per Diem Rate		BL	Breakfast	Breakfast		Lunch	Dinner (per day)	Dinner Total	Registration, Dependent	Actual Meals (below)	Total Cost
First Day (75% GSA Per Diem)					-					-			-		-		-			\$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
Total Expenses				Allowable		_	_	_	t		1		\$0.00		\$0.00		\$0.00	\$0.00	\$0.00	-
				Unallowable									\$0.00		\$0.00		\$0.00	\$0.00		\$0.00
				Sub-Total	\$0.00	\$0.00	\$0.00	\$0.00	1	\$0.00			\$0.00		\$0.00		\$0.00	\$0.00	\$0.00	\$0.00
				545-1644	\$0.00	\$0.00	\$0.00	\$0.00	1	\$0.00	1		\$0.00		\$0.00		\$0.00	\$0.00	(Less Advance)	\$0.00
															1				Due Employee	
Date						Purpose of Trip/Expense									(Due Company)					
															1					



2650 Park Tower Drive, Suite 700 Vienna, VA 22108 202-462-1676





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Expense Reimbursement Request

Traveler's Name/Address

Department

Date Submitted

Supplier/Vendor #

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)			

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