



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. Alonso de Cordova 2860 Of.702
Vitacura Santiago, Chile 7630440
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 (.67)	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>																					
Total Expenses																					

Allowable																					
Unallowable																					
Sub-Total																					

Date	Purpose of Trip/Expense



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Green Bank, WV 24944
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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.

Traveler Signature Date Site/Group Manager Date

Supervisor Date