



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



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 #
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(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 (.58)	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>																							
Allowable																							
Unallowable																							
Sub-Total																							
																	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
																	<u>Airline</u>	<u>Rental Car</u>	<u>Lodging</u>	<u>Other</u>	(Less Direct Bill)		
																						(Less Advance)	
																						Due Employee	
																						(Due Company)	

Date	Purpose of Trip/Expense



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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