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

Clear Form

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 FROM	Location TO	TRANSPORTATION Enter Miles	TRANSPORTATION Mileage (.655)	TRANSPORTATION Air	TRANSPORTATION Rental Car Taxi, Bus, Metro, Fuel Misc.	Lodging	GSA Per Diem Enter GSA Per Diem Rate	GSA Per Diem Daily Rate	LESS PROVIDED MEALS (deduct 75% first/last day of travel) B	L	D	Breakfast (per day)	Breakfast Total	Lunch (per day)	Lunch Total	Dinner (per day)	Dinner Total	Daily Misc., Registration, Dependent Care (below)	Daily Misc. Actual Meals (below)	Total Cost
First Day (75% GSA Per Diem)					0.00					0.00					0.00		0.00		0.00			$ 0.00
					0.00					0.00					0.00		0.00		0.00			$ 0.00
					0.00					0.00					0.00		0.00		0.00			$ 0.00
					0.00					0.00					0.00		0.00		0.00			$ 0.00
					0.00					0.00					0.00		0.00		0.00			$ 0.00
					0.00					0.00					0.00		0.00		0.00			$ 0.00
Last Day (75% GSA Per Diem)					0.00					0.00					0.00		0.00		0.00			$ 0.00
Less Reimbursement from Others																				0.00		$ 0.00
Total Expenses					0.00	0.00	0.00	0.00		0.00					0.00		0.00		0.00	0.00	0.00	$ 0.00
				Allowable											0.00		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
															Airline ☐		Rental Car ☐		Lodging ☐	Other ☐	(Less Direct Bill)	
																					(Less Advance)	
																					Due Employee	$ 0.00
																					(Due Company)	$ 0.00

Date	Purpose of Trip / Expense

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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			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			
Chile Commuting Unallowable			
VISA Travel Allowable (HR Only)			
VISA Travel Unallowable (HR Only)			
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** _____

Supervisor _____ **Date** _____