



LACRAO Travel Reimbursement Form

- Travelers are required to adhere to [State Travel Guidelines](#).
- Attach all receipts, boarding passes, conference itineraries etc. to this form. Receipts are **REQUIRED** for all expenses.

Name: _____ Title: _____

Institution: _____

Institution Address: _____

City: _____ State: _____ Zip: _____

Make check payable to: _____

(NOTE: Check will be mailed to institution regardless of payee)

Purpose of Reimbursement: _____

(i.e. EC Travel, Scholarship Recipient, etc.)

Destination: _____ Tier: _____ Dates of Travel: _____ to _____

- Airfare Total: \$ _____
- Rental Car Total (authorized for travel over 99 miles): \$ _____
- Taxi/Shuttles Total: \$ _____
- Mileage _____ miles x .51 cents per mile (99 mile limit): \$ _____
(Attach Google map etc.)
- Lodging Total: \$ _____
(NOTE: Any charges beyond room rate and taxes must include itemized receipts)

MEALS	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
Breakfast							
Lunch							
Dinner							
Totals:							

(Indicate Per Diem per meal per day while in travel status, based on Tier. Meals not provided when conference provides meal on itinerary)

- Total Meals: \$ _____
- Misc. Expenses (attach explanation/documentation): \$ _____

GRAND TOTAL (From lines 1-7): \$ _____

Signature: _____

I certify that these expenses were incurred on official and sanctioned LACRAO business.

LACRAO Treasurer Signature: _____

(Upon receipt of form, all documentation, verification of expenses and disbursement of funds)