

16401 NW 37th Avenue
Miami Gardens, Florida 33054

Reimbursement Form

Traveler's Name:	Departure			Time
	Month	Day	Year	a.m. p.m.
Destination: (City and State)	Returning			Time
	Month	Day	Year	a.m. p.m.
Nature of Meeting:				
Registration Fees	Air Fare	Housing	Mileage Rate x \$0.625 =	
Contact information - Ph #:		Email:		

Date	Actual Meal Expenses	Transportation Expenses	Lodging Expenses	Incidental Expenses	TOTAL
Sunday					
Monday					
Tuesday					
Wednesday					
Thursday					
Friday					
Saturday					
SUBTOTAL					
Traveler's Signature:		Date:	TOTAL EXPENSES		\$
			Less Personal Expenses		\$
Approval's Signature:		Date:	Net Due Traveler		\$