

16401 NW 37th Avenue Miami Gardens, Florida 33054

Reimbursement Form

Month Day Year a.m. Nature of Meeting: Month Day Year a.m. 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 Image: Content of the second	Traveler's Name:				Departure			Time		
Month Day Year a.m. Nature of Meeting: Month Day Year a.m. Registration Fees Air Fare Housing Mileage Rate x \$0.625 = Contact information - Ph #: Email: Email: Date Actual Meal Transportation Lodging Incidental TOTAL					Month	Day	Year	a.m.	p.m.	
Month Day Year a.m. Nature of Meeting: Air Fare Housing Mileage Rate x \$0.625 = Contact information - Ph #: Ermail: Date Actual Meal Expenses Transportation Expenses Lodging Expenses Incidental Expenses TOTAL Sunday Image: Content of the second secon	Destination: (City and State)				Returning			Time		
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 Image: Constant of the state of the					Month		Year	a.m.	p.m.	
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Tuesday Image: Constraint of the second se	Sunday									
Wednesday Image: Constraint of the second	Monday									
Thursday	Tuesday									
	Wednesday									
Friday	Thursday									
	Friday									
Saturday	Saturday									
SUBTOTAL	SUBTOTAL									
Traveler's Signature: Date: TOTAL EXPENSES \$	Traveler's Signature:		Date:			-				
Less Personal Expenses \$				Less Personal Expe		\$				
Approval's Signature: Date: Net Due Traveler \$	Approval's Signature:			Date:	Net Due	\$				