



6065 Barfield Road Atlanta, GA 30328-4402 Phone: 770.451.1831 Fax: 770.458.6992

2019 TRAVEL/EXPENSE REIMBURSEMENT REQUEST

From: _____
 Title/ Position: _____
 Meeting: _____
 Place: _____
 Date(s): _____

ITEM (Copies of receipts must be attached)	AMOUNT
Registration fee (Early Bird Only)	\$ _____
Room rate @ \$_____ per day for _____ days	\$ _____
Round-trip tourist air fare	\$ _____
Ground transportation	\$ _____
_____ miles @ .58 cents per mile	\$ _____
Beginning mileage _____ Ending mileage _____	\$ _____
Other (please explain) _____	\$ _____
_____	\$ _____

TOTAL	\$ _____

Please make check

payable to: _____

Mailing address: _____

Signed: _____ Date: _____

Approved: _____ Date: _____

Note: Requests for reimbursement must be submitted within 30 days following completion of travel.