**LHSOM REIMBURSEMENT REQUEST**

Please use one reimbursement form per trip. This form can be updated & resubmitted to dept admin as need until all reimbursements/travel expenses are accounted for. The pre-approval report **MUST BE FULLY APPROVED** in Chrome River before any travel related purchases can be made.

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **EMPLOYEE NAME:** | | | |  | | | | | | | | | |
| **VANDAL #:** | | | |  | | | | | | | | | |
| **DESTINATION:** | | | |  | | | | | | | | | |
| **DEPARTURE DATE:** | | | |  | | | | **DEPARTURE TIME:** | |  | | | |
| **RETURN DATE:** | | | |  | | | | **RETURN TIME:** | |  | | | |
| **Index Number(s) or No Cost:** | | | |  | | | | **Last four digits of p card** (if applicable) | |  | | | |
|  | | | | | | | | | | | | | |
| **Itemized Receipt Attached** | **Date on Receipt** | | | **Airfare & Fees** | | | | | | **Purchase Method** | **Purchase Amount** | | **Date sent to Admin** |
|  | Enter a date. | | |  | | | | | | Choose an item. |  | |  |
|  | Enter a date. | | |  | | | | | | Choose an item. |  | |  |
|  | Enter a date. | | |  | | | | | | Choose an item. |  | |  |
| **Itemized Receipt Attached** | **Date on Receipt** | | | **Rental Car Company** | | | | | | **Purchase Method** | **Purchase Amount** | | **Date sent to Admin** |
|  | Enter a date. | | |  | | | | | | Choose an item. |  | |  |
|  | Enter a date. | | |  | | | | | | Choose an item. |  | |  |
| **Itemized Receipt Attached** | **Date on Receipt** | | | **Lodging** (exclude room services & personal expenses) | | | | | | **Purchase Method** | **Purchase Amount** | | **Date sent to Admin** |
|  | Enter a date. | | |  | | | | | | Choose an item. |  | |  |
|  | Enter a date. | | |  | | | | | | Choose an item. |  | |  |
| **Itemized Receipt Attached** | **Date on Receipt** | | | **Other** (parking, rental car gas, shuttle/taxi, phone, misc. purchases associated with trip) | | | | | | **Purchase Method** | **Purchase Amount** | | **Date sent to Admin** |
|  | Enter a date. | | |  | | | | | | Choose an item. |  | |  |
|  | Enter a date. | | |  | | | | | | Choose an item. |  | |  |
|  | Enter a date. | | |  | | | | | | Choose an item. |  | |  |
|  | Enter a date. | | |  | | | | | | Choose an item. |  | |  |
|  | Enter a date. | | |  | | | | | | Choose an item. |  | |  |
|  |  | | |  | | | | | |  |  | |  |
| **Expense Total: $** | | | | | | | | | |  | | | |
|  | | | | | | | | | |  | | | |
| **Mileage (to/from) list if roundtrip** | | | | | | | | | | | | | |
| **Departure Location** | | | | | **Arrival Location** | | | | | **Estimated Mileage** | | | |
|  | | | | |  | | | | |  | | | |
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|  | | | | | | | | | | | | | |
| **Total Estimated Mileage** | | | | | | | | |  | miles or $ | |  | |
|  | | | | | | | | | | | | | |
| **Per Diem** | | | | | | | | | | | | | |
| Include all travel dates and check the box corresponding to the meal per diem is requested for; If meals are provided, per diem cannot be requested without justification (if Per diem is requested for more than six days, please add that to Additional Information) | | | | | | | | | | | | | |
| **Date** | | **Breakfast** | **Lunch** | | **Dinner** |  | **Per Diem Travel Time Limits** | | | | | | |
| Enter a date. | |  |  | |  |  | Follow the below time table for claiming per diem on travel days | | | | | | |
| Enter a date. | |  |  | |  |  |  | | | Departure Time | | Return Time | |
| Enter a date. | |  |  | |  |  | No Breakfast | | | 7:00 a.m. or after | | 8:00 a.m. or earlier | |
| Enter a date. | |  |  | |  |  | No Lunch | | | 11:00 a.m. or after | | 2:00 p.m. or earlier | |
| Enter a date. | |  |  | |  |  | No Dinner | | | 5:00 p.m. or after | | 7:00 p.m. or earlier | |
| Enter a date. | |  |  | |  |  | Per diem rates can be viewed at [gsa.gov](https://www.gsa.gov/travel/plan-book/per-diem-rates) | | | | | | |
|  | | | | | | | | | | | | | |
| **Notes/Comments** | | | | | | | | | | | | | |
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| **Signature of Employee** | | | | | | |  | | | **Date** | | | |