**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** |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |
| **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** |
|  |
|  |
|  |  |  |
| **Signature of Employee**  |  | **Date** |