

**Non-Staff Travel
Reimbursement Request**

Name: _____	Meeting Name: _____
Organization: _____	Meeting Date: _____
Phone: _____	Depart. Date/Time: _____
E-mail: _____	Return Date/Time: _____
Address: _____	

PLEASE ENCLOSE RECEIPTS WITH THIS FORM

DETAIL OF EXPENSES

Intercity Transportation

FROM	TO	CARRIER	AMOUNT
			\$ -
			\$ -
			\$ -
			\$ -

Local Transportation

FROM	TO	CARRIER	or PRIVATE AUTO MILES	AMOUNT
			@ 0.54* per mile	\$ -
			@ 0.54* per mile	\$ -
				\$ -

RENTAL CAR:

\$ -

PARKING:

\$ -

Subsistence Expenses

DATE	MEALS	LODGING	OTHER	(please specify)	AMOUNT
		\$ -	\$ -		\$ -
		\$ -	\$ -		\$ -
		\$ -	\$ -		\$ -
		\$ -	\$ -		\$ -
		\$ -	\$ -		\$ -
		\$ -	\$ -		\$ -
	\$ -	\$ -	\$ -		\$ -
	\$ -	\$ -	\$ -		\$ -
TOTAL EXPENSES:					\$ -
LESS ITEMS PAID IN ADVANCE BY AASHTO:					\$ -
NET AMOUNT CLAIMED:					\$ -

MAKE CHECK _____	ADDRESS IF OTHER _____
PAYABLE TO: _____	THAN ABOVE: _____

I certify that the above claim is correct and proper and that the amount for reimbursement therefore has not been received and that the expenses were incurred by me exclusively upon official business of AASHTO

CLAIMANT'S SIGNATURE _____ DATE: _____

AASHTO APPROVAL FOR PAYMENT _____ DATE: _____

PROJECT/PRODUCT ACCT.# _____ *as of 01/01/2013