



Expense Reimbursement Form

PAYEE NAME _____
 ADDRESS _____
 CITY _____ STATE _____ ZIP CODE _____
 EMAIL ADDRESS _____ PHONE NUMBER _____
 EVENT LOCATION _____ DATES _____

| DATE: | | | | Total | FOR Official USE ONLY |
|------------------------------|--|--|--|-------|-----------------------|
| Ground Transportation | | | | | 71970 |
| Parking/Tolls | | | | | 71970 |
| Meals | | | | | 71940 |
| Other | | | | | 71970 |
| | | | | | 71930 |
| TOTAL | | | | | |
| Miles Driven (one way) _____ | (ONLY provide miles driven and staff will calculate total) X .55 x 2 = | | | | 71950 |

Traveler's Signature _____ Date _____

FOR Official USE ONLY

| | | |
|------------------------------|--------------|--|
| Mission _____ 111 | Notes: _____ | TOTAL: \$ |
| Project _____ | _____ | |
| Date Paid _____ | _____ | |
| Requested by _____ | _____ | Date _____ |
| Approved by _____ | _____ | Date _____ |
| Received in Accounting _____ | _____ | Date _____ |

Original receipts MUST be attached.

Connected Nation
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 Bowling Green, KY 42101

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