



**EXPENSE REIMBURSEMENT FORM**

(Complete and return to the Foundation office within 10 days of return from travel)

Travel for (individual)		For travel made to (destination)
Leaving (date & time)		Returning (date & time)
Dates of Conference	Account	For (purpose)

Breakdown of Expenses – Original receipts must be submitted for all expenses in excess of \$25 including those prepaid by the Foundation. Prepaid items should be marked as PP

Registration (attach receipt, program or agenda, etc)	
Transportation: Airfare (receipt and boarding passes)	
*Personal Auto - .485/mi x total miles	
*Train	
Hotel _____ nts @ \$ _____ per nt	
Meals _____ dys @ \$ _____ per day	
Cabs/Airport to Hotel/Hotel to Airport	
Mileage (round trip to/from airport): # miles _____ @ .48.5/mile	
Parking/Airport	
Miscellaneous (justify w/memo)	
Total Allowed Expense	
Less Prepaid	
Total Amount to be reimbursed	

\*Not to exceed air - coach class or government fare amount

Reimbursement to be made to: \_\_\_\_\_

I certify that all travel expenses set forth hereon are just and appropriate charges to my MDREF account, and that payment has not been, nor will be accepted from, another source. I also certify that this travel expenditure was necessary to support my approved research, education activity or in the case of a general donation account that this travel was within the scope of the donor's intent.

Principal Investigator or traveler		Date
Approved by:	Mary Jo Brady, Executive Director	Date