Rehoboth McKinley Christian Health Care Services
Travel Request Form (7-17.2)

INSTRUCTIONS:

(1) Complete Sections A and B and obtain Director, VP or President approval before travel.
(2) Must obtain receipts and supporting documentation during travel.
(3) Upon return, complete Sections C and D. Due in Accounts Payable within 30 days after date of return.
(4) ***Attach receipts and supporting documentation*** when submitting Actual Expenses and Reconciliation.
(5) Alcoholic beverages, cigarettes, personal entertainment, and souvenirs are not reimburseable .

SECTION A: TRAVEL INFORMATION (Complete this section before travel)

EMPLOYEE NAME: _____ DEPT: _____

DATES OF TRAVEL: Depart: _____ Return: _____ ACCT DIST: _____

LOCATION: _____ NAME OF EVENT: _____

REASON FOR ATTENDING: _____

SECTION B: ESTIMATED EXPENSES		SECTION C: ACTUAL EXPENSES
Registration Fees:	$_____	$_____
Transportation:		
_____ Miles @ IRS Rate (If using own vehicle)	_____	_____
_____ Parking Fee / Taxi (Including tip)	_____	_____
_____ Airline Ticket (See attached receipts)	_____	_____
Meals: ($25.00 per diem)		
_____ Breakfast ($5.00)	_____	_____
_____ Lunch ($6.00)	_____	_____
_____ Dinner ($14.00)	_____	_____
Hotel / Motel: (See attached receipts)	_____	_____
Other Expenses: (List in detail)		
_____	_____	_____
_____	_____	_____
TOTAL EXPENSES:	(Estimated) $_____	(Actual) $_____

Advance Request: $_____

_____ _____

Employee Signature Date Director, VP or President Signature Date

By signing this form I hereby authorize my employer (RMCHCS) to deduct the full amount of advances if I fail to submit required receipts and proof of travel within 30 days of return. Deductions will be taken from the 1st paycheck after the 30 day deadline has passed.

SECTION D: RECONCILIATION

1) Amount of Advance: (Check # _____) $_____ BALANCE: $_____

2) Amount of Actual Expenses: $_____ ** Balance = Difference of 1 and 2 **

I CERTIFY THE ABOVE IS AN ACCURATE STATEMENT OF MY REIMBURSEMENT EXPENSES: I authorize my employer (RMCHCS) to deduct the full balance due from my next paycheck. (Y/N) _____

_____ _____

Employee Signature Date Director, VP or President Signature Date