

**FOUNDATION
RESIDENT REIMBURSEMENT FORM**

NAME: _____ ADDRESS: _____

TRAVEL DATE(S): _____ SS# _____

DATE OF CONFERENCE: _____ PURPOSE: _____

DEPARTURE TIME: _____ RETURN TIME: _____

CITY & STATE: _____

DID YOU PRESENT: _____ PAPER _____ POSTER _____ COURSE _____ PANEL _____ NONE

TITLE OF PRESENTATION: _____

WAS THE MEETING: NATIONAL _____ REGIONAL _____

REGISTRATION: _____ CHECK IF PREPAID _____

HOTEL: _____ \$0.00 _____ 0 _____ NIGHTS @ _____ \$0.00 _____ PER NIGHT

MEALS: _____ \$0.00 _____ 0 _____ DAYS @ _____ \$30.00 _____ PER DAY

MILEAGE: _____ \$0.00 _____ 0 _____ MILES @ _____ 0.55 _____ PER MILE

AIRFARE: _____ \$0.00 _____

TELEPHONE: _____ \$0.00 _____

TAXI: _____ \$0.00 _____

OTHER: _____ \$0.00 _____

GENERAL EXPENSES: _____ \$0.00 _____

DUES: _____ \$0.00 _____

TOTAL: _____ \$0.00 _____

***ORIGINAL RECEIPTS/INVOICES REQUIRED. REIMBURSEMENTS WILL NOT BE MADE FROM STATEMENTS/COPIES.**

Receipt/Invoice must show the fee paid and proof of payment (I.E. copy of canceled check (front & back) or copy of Credit Card Statement).

***HOTEL** - Bill must be itemized and show a zero balance.

***AIRFARE** - Must have invoice/itinerary (Print screen from internet or the e-mail confirmation). Documentation must show proof of payment.

****Request for reimbursement submitted within 30 days of the date the expense was incurred or must provide an explanation.**

EXPLANATION: _____

