

RIVERSIDE COMMUNITY COLLEGE DISTRICT

Itemized Expense Reimbursement Report

Name _____ Date _____

Conference/Meeting Name and Location

Date(s)

Travel Expenses

Travel Budget Code _____ TR# _____

Dates								TOTALS
Breakfast								
Lunch								
Dinner								
Registration								
Hotel								
Business Telephone/ Fax								
Taxi/Car Rentals/Parking								
Mileage _____ mi. @ _____ per mile								
Airfare								
Total Travel Expenses:								

Non-Travel Expenses

Non-Travel Budget Code _____

Item(s):	
Total Non-Travel Expenses:	

Total expenses \$ _____

Less amount advanced \$ (_____)

Balance Due \$ _____

I hereby request reimbursement for the expenses incurred as stated above. I understand that I will only be reimbursed for those expenses substantiated by the attached original receipts.

Signed _____

Date _____

Approved _____

Date _____