



Mail this form with receipts to:
 EACUBO
 1110 Vermont Ave NW, Suite 800
 Washington, DC 20005
Or scan and email to:
accountspayable@nacubo.org

EACUBO TRAVEL REIMBURSEMENT FORM

Reimbursement Request By :

Phone: Fax : E-Mail :

Payee Name(if different from above) :

Mailing Address :

Travel Date(s) and Purpose :

Expenses:

	Date(s)					Total
Air/Rail Ticket/Luggage Fees						\$0.00
Personal Auto (#miles x \$0.575)						\$0.00
Auto Rental/Taxis/Tolls/Parking						\$0.00
Hotel Room						\$0.00
Breakfast						\$0.00
Lunch						\$0.00
Dinner						\$0.00
Miscellaneous**						\$0.00
Total Reimbursement Amount:						\$0.00

****Miscellaneous Expenses:**

Certification: I certify that all expenses listed on this report are EACUBO-related. All expenses noted are accurate and are reimbursable under EACUBO policies. I have not been reimbursed except as noted.

Print Name _____ Signature _____ Date _____

Approval – Treasurer/Committee Chair _____ Financial Coding _____