



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 \$0.56)								\$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