Office Against Interpersonal Violence

Monthly Travel Reimbursement Request Form

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| **Name of Traveler**  | **Travel Dates** | **Purpose of Travel** | **Mileage/ Cost** | **Hotel** | **Meals** | **Airfare** | **Other: Please Specify** |
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**Instructions for Completion for Monthly Travel Reimbursement Request Form**

This form is to be provided with the monthly reimbursement request when travel has occurred.

Supporting documentation is required to be kept on hand for review during fiscal and programmatic site monitoring. This will include all travel vouchers and mileage logs with supporting documents such as Google Maps, Odometer readings, etc.

1. Name of Traveler – Name of Staff\Volunteer to whom travel is to be reimbursed.
2. Travel Dates – Provide the dates of travel.
3. Purpose for Travel – Provide the reason for travel. For Example, Conference on Crimes Against Women; Travel to court for client advocacy.
4. Mileage/Cost – Provide the total mileage and cost for the trip.
5. Lodging – Provide the total cost of lodging for the trip. Traveler must submit lodging receipts that include a $0 balance.
6. Meals – Provide the total cost of daily meals for the trip. Traveler must submit itemized meal receipts. Keep in mind not to exceed the maximum state allowable limits.
7. Airfare – Provide the total cost for airline ticket to be reimbursed. The airline receipt must be attached.
8. Other –Include cost for other travel related expenses. Examples may be airline luggage cost, parking, car rental, shuttle/ taxi cost, tips, etc. Original receipts are required to be submitted.
9. For Out-of-State Travel, the approved *Out-of-State Travel Authorization Request Form* (OAIV-04) must be attached.