

CBMI 2008 EXPENSE REIMBURSEMENT FORM

Last Name _____ First Name: _____

Date: _____

First Date of Travel: _____ Time Travel Began: _____

Last Date of Travel: _____ Time Travel Ended: _____

ROOM & BOARD EXPENSES (Receipts are required for all expenses over \$10.00)

<u>Date</u>	<u>Hotel</u> <small>(\$130/nt max) (includes tax)</small>	<u>Breakfast</u> <small>(\$10 maximum)</small>	<u>Lunch</u> <small>(\$14 maximum)</small>	<u>Dinner</u> <small>(\$25 maximum)</small>	<u>Total</u>
_____	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____
_____	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____
_____	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____
_____	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____
_____	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____
_____	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____
_____	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____
EXPENSE SUBTOTAL					\$ _____

TRAVEL EXPENSES (Receipts are required for all expenses over \$10.00)

<u>Description</u>	<u>Amount</u>	
Other (itemize) _____	_____	
_____	_____	
_____	\$ _____	
Airfare: _____	\$ _____	
Mileage: _____ miles @ \$.505/mile=	\$ _____	
TRAVEL SUBTOTAL:		\$ _____
GRAND TOTAL:		\$ _____

Signature

Please tape **all original receipts** to an 8.5 x 11 piece of paper. In the lower right hand corner please write the date and amount of the receipt. Also make any other notes, comments on this piece of paper.

Please return by September 1 to:

CBMI/University of Kentucky
108 Peterson Service Building
Lexington, KY 40506-0005
Fax: (859) 323-9897
Phone: (859) 257-2042 x237