

RRCEP V Travel Expense Reimbursement Request

Name of Conference/Meeting _____

E-Mail _____

Date of Conference/Meeting _____

Print Name _____

Address to Mail Check _____

Telephone at Work _____

Social Security Number _____

Are you a U.S. Citizen or Permanent Resident: Yes No

Date	Departed From		Arrived At		Auto Mileage	Transport.	Lodging	Other Expenses		OFFICE USE ONLY
	Place	Time	Place	Time				Item	Amount	

Identify items you did not pay for: _____Transportation _____Lodging

Attach Receipts for all expenses of \$10.00 and over.

No receipts are required for meals. Meals are reimbursed at the rate of \$7.00 per quarter for a total of \$28.00 in Illinois and \$8.00 per quarter for a total of \$32.00 out of state when staying overnight.

Reimbursement claims must be mailed no later than **15 days** after the last day of travel to ensure payment.

Mail to: Region V RRCEP, Mailcode 6703, Southern Illinois University, Carbondale, Illinois 62901-6703.

Refer questions to Vickie Riley, Accountant, at 618-536-2467.