

# RRCEP V Travel Expense Reimbursement Request

Name of Conference/Meeting Supervisory Training

Signature \_\_\_\_\_

Date of Conference/Meeting September 8-12 1990

Print Name Bob McCallahan This is a True Statement of My Travel

Address to Mail Check North Carolina Rehabilitation Center

Telephone at Work Supervisory Training

300 East Madison Street

Social Security Number 123-45-6789

Northbridge, NC 72893

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	
9/7/90	Northbridge, NC	6 pm	Chicago	10 pm	20	\$956.00	\$85.00	Cab/Baggage	\$10.00/\$5.00	
9/8/90	IN Chicago						\$85.00			
9/9/90	IN Chicago						\$85.00			
9/10/90	IN Chicago						\$85.00			
9/11/90	IN Chicago						\$85.00			
9/12/90	Chicago	4 pm	Northbridge NC	5 pm	20	\$956.00		Baggage	\$5.00	

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 Janice Grove, Accountant, at 618-536-2461 (Voice) or 618-536-2468 (TDD).