



Member Travel Reimbursement Form

Forms must be signed and submitted within 60 days of travel or event to be eligible for reimbursement. Original receipts are required.

1. Member Name _____
 Address _____
 Work Site/School _____
2. Name, Date, Location of Event for which you are requesting reimbursement: _____
3. Will any expenses be reimbursed by NEA-Alaska? If so, list: _____
4. Did you receive a travel advance for this travel/event? _____ (Enter amount)

Please list reimbursable expenses by day:

6. DATE:	/	/	/	/	/	/	/	Acct Code	Total Each Line
7. Breakfast									
Lunch									
Dinner									
Total Meals*								5420	
8. Lodging								5400	
9. Plane								5440	
10. Auto Rental/ Mileage**								5460	
11. Cabs Parking fees								5480	
12. Other***								5490	
TOTALS:									

13. Traveler's Signature: _____	Total This Sheet:
DATE: _____	All Other Sheets:
<i>Unsigned and incomplete forms will be returned. See reimbursement instructions/receipt requirements on back of this sheet.</i>	Total All Sheets:
Vendor # _____	Less Direct Bill:

Attach original receipts for all expenses Voucher # _____ Due Traveler: _____

Name of Roommate: _____ (Double Occupancy per Board Policy see Note: c)

-----LKNEA Office Use Only-----

Date: _____ Check #: _____ Amount: _____

Explanation _____

Approved for payment (President) Treasurer