

Travel Expense Reimbursement Request



Basketball for Life!

PO Box 711381
San Diego, CA 92171

Requestor's Name:	Date Submitted:	Check only one for distribution: <input type="checkbox"/> Hold for pickup <input type="checkbox"/> Send via U.S. Mail to this address:
Purpose of Travel:	Requestor's Phone:	

Date (mm/dd/yy):	Detailed Description of Expense. Each Day's Expenses Must be Shown Separately:	Transportation:	Lodging:	Meals:	Other:	Daily Totals:
Expense Totals:		\$0.00	\$0.00	\$0.00	\$0.00	
Subtotal:						\$0.00
Less Advances:						
Total Reimbursement:						\$0.00

**Please submit completed and approved form with original receipt(s) totaling the amount of reimbursement requested to the Treasurer.
Please submit all requests for reimbursement within 15 days of completed travel.**

Requestor's Signature: _____ Date: _____

Approved by (including Title): _____ Date: _____

TREASURER'S USE ONLY:				
CHECK DATE:	CHECK #:	AMOUNT:	ACCT # CHARGED:	SIGNATURE: