

CBME TRAVEL FORM

Return this form and all required receipts to CBME.

Name _____ Phone _____

Dates of Travel _____

Destination _____

Account to Charge _____

Business Purpose (required)

Travel Advance Request

Estimated expenses can be reimbursed at 80% of cost within 5 days of travel, actual expenses can be reimbursed immediately, at full cost (original receipts/proof of payment required).

- Expenses Airfare \$ _____
 Hotel \$ _____
 Registration Fees \$ _____
 Ground Transportation \$ _____

Travel

Include any notes or dates of personal travel if applicable:

Required Receipts

- Airline Ticket Receipt, or was it pre-paid by CBME? _____
 Hotel receipt
 Ground transportation receipts
 Registration Fee, or was it pre-paid by CBME? _____

(Please provide a Conference Program or Schedule if applicable.)

Were any meals included in registration fee (how many of each)? _____ B _____ L _____ D

Any other meals provided? _____ B _____ L _____ D

- Drove personal vehicle → odometer readings: BEGINNING: _____
ENDING: _____