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:______________