

**Community Action Team, Inc.**  
Travel Reimbursement

As applicable, please attach a copy of the agenda and all receipts.

Name \_\_\_\_\_ Date \_\_\_\_\_

Program \_\_\_\_\_ Supervisor \_\_\_\_\_

Destination \_\_\_\_\_

Purpose of Travel \_\_\_\_\_

Date & Time Left: \_\_\_\_\_ Date & Time Returned: \_\_\_\_\_

Expense List:

Date	Nature of Expense	Amount Spent	GL/Fund/Loc/Project
	Sub Total		
	Less Advance (Per Diem)		
	Balance Due Employee		
	Balance Due Employer		

No change to the Per Diem submitted.       No change to the Lodging submitted.

I certify this travel was completed by me and the above is true and correct. I have attached required receipts and all necessary back up including agendas for meetings and conferences. I have returned any advance overpayment to me by the employer.

Employee's Signature \_\_\_\_\_

Manager Signature \_\_\_\_\_

Program Director Signature \_\_\_\_\_

Executive Director Signature \_\_\_\_\_  
*(Required if over \$1,000 and/or out of state travel)*