

# REIMBURSE



## National Leadership Council Meeting or Activity

### *Travel Expense Reimbursement Form*

Dates of Travel: \_\_\_\_\_

Location of Travel: \_\_\_\_\_

Please complete and submit to LBT within two weeks for prompt reimbursement.

### **\*Attach receipts for LBT records\***

Air Fare	\$ _____
Mileage (# of miles_x 53 cents)	_____
Tolls	_____
Airport Parking	_____
Car Rental	_____
Meals	_____
Miscellaneous	_____
<b>Total requested</b>	<b>\$ _____</b>

Please reimburse me for the **total requested**.

Signed: \_\_\_\_\_

Date: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_