

# TRAVEL REIMBURSEMENT AND APPROVAL FORM

Please have this form approved and signed by your Program Director. Submit the signed form along with all itemized receipts to your Program Manager. Your Program Manager will send to GME Office (donnika.hess@ochsner.org) for processing.

Name of Conference/Event: \_\_\_\_\_

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

Reimbursed by: ☐ GME Dept. ☐ Fund # \_\_\_\_\_ ☐ Presentation ☐ Other

Employee's Name: \_\_\_\_\_ Phone No: \_\_\_\_\_

Employee Home Mailing Address \_\_\_\_\_

## Trip Expenses (Scanned Original Itemized Receipts Required)

Day/Date	Sun.	Mon.	Tues.	Wed.	Thurs.	Fri.	Sat.	TOTAL
	/	/	/	/	/	/	/	
Meals - 840003								
Hotel - 840003								
Airfare - 840003								
Mileage Amount - 840003								
If you traveled by car, please indicate total mileage traveled: _____ miles @ .585 cents per mile = \$ _____ (should agree to mileage amount above)								
Registration Fee - 840000								
Ride Sharing 840003								
Other (Describe) 840003								

		Total Expense	
<b>GME INFORMATION BELOW:</b>		Less Personal Expenses Included	
Cost Center	840003 Total	Net Expense	
Cost Center	840000 Total	Amount Due Employee	

Travelers' signature: \_\_\_\_\_ Date: \_\_\_\_\_

Approved By: \_\_\_\_\_  
 Program Director's Signature Date Donna Guidroz, Director - Graduate Medical Education Date

DAILY WORKSHEET FOR MEALS

	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
	__/__/__	__/__/__	__/__/__	__/__/__	__/__/__	__/__/__	__/__/__
Breakfast							
Lunch							
Dinner							
Total							

- NOTE: Please list only your daily totals for meals on page 2
- NOTE: Please ensure that Presentation Topic is included with reimbursement documentation