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:_____ **Program**:_____

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								

GME INFORMATION BELOW		Total Expense	
Cost Center	840003 Total	Less Personal Expenses Included	
Cost Center	840000 Total	Net Expense	
Cost Center	840003 Total	Amount Due Employee	

Travelers' Signature: _____ Date: _____

Program Director Signature: _____ Date: _____

Updated 7/26