# TRAVEL REIMBURSEMENT REQUEST

|  |  |  |  |
| --- | --- | --- | --- |
| **Name** | Name | **Agreement #**  | NR205C16XXXXC005 |
| Email | Email | Reviewed by | Name |
| SWCD |  | Purpose | Course Title |

### Trip Hours

|  |  |  |
| --- | --- | --- |
| **Dates** | Hours | **How spent** |
| Date | Hours | Classroom/Field/Traveling  |
| Date | Hours | Classroom/Field/Traveling  |
| Date | Hours | Classroom/Field/Traveling  |
| Date | Hours | Classroom/Field/Traveling  |

### Expenses

|  |  |  |  |
| --- | --- | --- | --- |
| **Category** | **Dates** | **Details** | **Amount** |
| Lodging | Date | **Location** Hotel Name | **Amount** |
|  | Date | **Location** Hotel Name | **Amount** |
|  | Date | **Location** Hotel Name | **Amount** |
|  | Date | **Location** Hotel Name | **Amount** |
| Daily Meal  | Date | Per Diem Rate (75% on day 1 and day of return) | **Amount** |
|  | Date | Per Diem Rate | **Amount** |
|  | Date | Per Diem Rate | **Amount** |
|  | Date | Per Diem Rate | **Amount** |
| Conference fees | Date | **Purpose** Purpose | **Amount** |
| Other | Date | **Purpose** Purpose | **Amount** |
|  |  | Total amount owing to employee | **Amount** |

|  |  |  |
| --- | --- | --- |
|  |  |  |
| **Signature of Employee Requesting Reimbursement** |  | **Date** |

|  |  |  |
| --- | --- | --- |
|  |  |  |
| **Signature of Work Unit Manager** |  | **Date** |

|  |  |  |
| --- | --- | --- |
|  |  |  |
| **Signature of KACD Executive Director** |  | **Date** |
|  |  |  |
| **Signature of NRCS Program Manager** |  | **Date** |

**\*Receipts for Lodging, Conference Fees (if applicable), and “Other” expenses are required. Meal receipts are not required for reimbursement.**