

Request for Reimbursement
Name:

Office Approval :



FEDERATION OF STATE HUMANITIES COUNCILS

1600 Wilson Blvd, Ste 902
Arlington, VA 22209
703-908-9700

TRAVEL: Includes lowest possible coach airfare; train; bus; car rental; taxi; parking; and tips related to travel.

MILEAGE: Reimbursed at \$.50 cents per mile

MEALS: Costs must be incurred in direct connection with Federation business. Specify whether meal is breakfast, lunch, or dinner. Maximum allowance is \$10-breakfast, \$12-lunch, \$23-dinner. The Federation does not reimburse for any alcoholic beverages.

ORIGINAL RECEIPTS ARE REQUIRED FOR ALL EXPENSES EXCEPT MILEAGE AND METRO FARES.

| DATE | Description/Purpose | Travel | Hotel | Meals | Misc. | TOTAL | Code |
|---------|---------------------|--------|-------|-------|-------|-------|------|
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| | | | | | | \$ - | |
| Totals: | | \$ - | \$ - | \$ - | \$ - | \$ - | |

Make check payable to:

TOTAL EXPENSE:

\$ -

AMOUNT CONTRIBUTED:

AMOUNT DUE TO YOU:

\$ -

I verify that the information on this form is true and correct:
(Payment will NOT be made without a signature.)

Signature _____