



EXPENSES REIMBURSEMENT FORM (2025)

APPROVED ABSENCE FROM WORK REPORTING FORM MUST ACCOMPANY THIS FORM FOR REIMBURSEMENT
 (Approval for Travel Form Must Be Signed Prior To Travel)

EMPLOYEE'S NAME _____ DATE _____

TRAVEL DATE(S) FROM _____ TO _____

TRAVEL BY

	DEPARTURE POINT	DESTINATION POINT
CAR		
PLANE		
BUS		
OTHER		
AIR FARE/BUS COSTS	\$	

PURPOSE OF TRAVEL

- ☐ ACCREDITATION MEETING ☐ STATE BOARD MEETING ☐ RESEARCH MEETING
☐ COUNCIL MEETING NAME OF COUNCIL _____
☐ EDUCATIONAL SEMINAR NAME OF SEMINAR _____
☐ OTHER ASSIGNED BY _____

LODGING Name of Hotel _____ City _____

DURATION Number of Nights _____ Date: from _____ to _____

Total Costs for Lodging \$ _____ (Please Attach Receipts)

MILEAGE From _____ To _____

One Way Mileage: _____ Total Round Trip Mileage: _____ x \$ _____ = \$ _____

MEALS Per Diem Allowable \$ _____ per day x _____ Days _____ = \$ _____

PARKING Location _____ Costs: \$ _____ x _____ Days=\$ _____

OTHER INCIDENTAL COSTS: Please List Item(s) & Amount(s)

SUMMARY

LODGING	\$
MILEAGE	\$
MEALS	\$
PARKING	\$
AIR FARE/BUS	\$
OTHERS	\$
TOTAL	\$

APPROVED BY IMMEDIATE SUPERVISOR _____ DATE _____
 for Reimbursement (After Travel) signature

PLEASE ATTACH ALL APPROPRIATE RECEIPTS FOR REIMBURSEMENT. SBU is not responsible for costs incurred by its employees from unauthorized traveling (SBU Regulation 3051.00R - Approval For Travel), and unauthorized expenses (SBU Regulation 3051.00 R- Mileage and Per Diem Allowance). Per diem allowance is for 12 hours or more time traveling.