



Travel Reimbursement Form
For Local Government and Non Profit Organizations

GENERAL INFORMATION

NAME: _____

PHONE: _____ E-mail: _____

ORGANIZATION: _____

TRAVEL DESTINATION: _____

DATES OF TRAVEL: _____

PURPOSE OF MEETING: _____

TRAVEL EXPENSES

AIRFARE: (up to 96.5¢/mile) \$ _____

AUTO TRAVEL (in lieu of air travel): _____ miles x 36¢ = \$ _____

MOTORCYCLE TRAVEL (in lieu of air travel): _____ miles x 27.5¢ = \$ _____

CAB / VAN / BUS: \$ _____

OTHER EXPENSES: \$ _____

ROOM EXPENSE: DAY x _____ = \$ _____

REIMBURSEMENT: 75% x TOTAL \$ _____ = \$ _____

CHECK PAYABLE TO: _____

ADDRESS: _____

COMMENTS: _____

SIGNATURE: _____

Note: Receipts are required for reimbursement. Please attach original receipts where possible; if not, attach copies. Faxes are not acceptable.

Submit Request to: Western Governors' Association
Attention: Patrick Cummins
1600 Broadway, Suite 1700
Denver, CO 80202
(303) 623-9378 for questions