



Western Association of College and University Housing Officers

Travel Reimbursement Request

Date(s) of Expense:

Date Check Needed:

Purchaser's Name:

Payable To:

Phone Number:

Address:

City, State, Zip:

Mileage Info

Travel From

To

Total Miles Driven:

x

2018 IRS Rate

Itemized Travel Expenses

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# Dates of Travel	Vendor and Expense Description	WACUHO CC Amt.	Reimburse Amt.
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1

2

3

4

Itemized Per Diem Expenses

Subtotal: Travel Amt

# Dates of Travel	Vendor and Expense Description	WCC Amt.	Per Diem Amt.	Reimburse Amt.
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1

2

3

4

5

6

Per Diem Allowance:

Subtotal: Per Diem

Per Diem is \$150.00/day. Payment can be expected within 10 days of receipt of this request by the Treasurer. For payments required in less than 10 days, please contact the Treasurer for instructions.

Subtotal: Reimburse Amt

Total Reimbursement

Return this form to

Jenna Hazelton

6001 Lindo Paseo

San Diego, CA 92115

treasurer@wacuho.org

Phone: (619) 594-8717

My request is made in accordance with all WACUHO Financial Procedures.

Signature of Requestor: _____

Signature of President (if required): _____

Revised 02/2018

Date:

CK#:

Acct:

Amount:

Date posted: