



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:

Mileage Info

City, State, Zip:

Travel From

To

Total Miles Driven: x 2017 IRS Rate =

Itemized Travel Expenses

# Dates of Travel	Vendor and Expense Description	WACUHO CC Amt.	Reimburse Amt.
1			
2			
3			
4			

Subtotal: Travel Amt

Itemized Per Diem Expenses

# Dates of Travel	Vendor and Expense Description	WCC Amt.	Per Diem Amt.	Reimburse Amt.
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
6050 Montezuma Rd
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 06/2017

Date: CK#: Acct: Amount: Date posted: