



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 Road  
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  
09/2017

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