Travel Expense REIMBURSEMENT Worksheet

Name: ___________________________________________   Travel Request # ___________________________

Event: ______________________________________________________________________________________

Reimbursement will be paid by a live check mailed to the employee’s home address on file with Human Resources.

(1) Documents Needed:   _____ Registration confirmation
                        _____ Conference or meeting brochure and Agenda
                        _____ Airfare itinerary/ticket

RECEIPTS NEEDED:

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                        _____ Conference or meeting brochure and Agenda
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RECEIPTS NEEDED: $ ___________ enter Airfare amount you paid if you need reimbursement

(2) Travel Status: I departed from (circle one) home / work on ____________________________ at __________ AM / PM

I arrived back (circle one ) home / to work on ____________________________ at __________ AM / PM

(3) Meals and Incidentals Statement – No meal receipts required

We will assume that you should receive the total daily meal allowance for each day of your trip. However, per State of AZ and MPS policy, there may be meals that you need to opt out of because of the following:

- Meals provided by the conference or hotel or served on the plane
- You were included in a business meal that another individual is claiming (i.e., your meal was provided by a vendor at a conference)
- A meal eaten at home, during a period when you are not in travel status, or a portion of the trip considered to be personal travel

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<th>MEALS &amp; Incidentals</th>
<th>Daily MEAL Expense</th>
<th>Meals at home or PROVIDED @no cost</th>
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(4) Mileage, if approved: (attach online mileage estimator printouts): _______ miles @ $.445 = $ ____________

(5) TOTAL REIMBURSEMENT CLAIM: receipts above + meal expense (+mileage if approved) $ ____________________

(6) Certification: By signing below, I certify that the claim I am submitting is a true and honest reflection of my travel status and actual legitimate expenses for my travel to (event name and destination city) __________________________

_________________________________________  ___________________________
Signature        Date

Contact Info: MPS phone _______________ personal phone _______________ email __________________________

TRAVEL SERVICES: District interoffice mail—Travel Services email—travel@mpsaz.org fax—472.0107