

# 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:** \$ \_\_\_\_\_ enter Airfare amount **you** paid if you need reimbursement  
 (amount **you** paid) \$ \_\_\_\_\_ Baggage Receipts  
 \$ \_\_\_\_\_ Itemized Hotel Folio with payment and \$0 balance—enter amount **you** paid and need reimbursed  
 \$ \_\_\_\_\_ Airport Parking Receipt  
 \$ \_\_\_\_\_ Ground Transportation Receipts—**names of the origin/destination/all passengers**

**RECEIPTS TOTAL** \$ \_\_\_\_\_

**(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

| MEALS<br>& Incidentals | Daily MEAL<br>Expense | ✓ Meals at home or PROVIDED @no cost |         |          |
|------------------------|-----------------------|--------------------------------------|---------|----------|
|                        |                       | ✓ Breakfast                          | ✓ Lunch | ✓ Dinner |
| Date:                  | \$                    |                                      |         |          |
| Date:                  | \$                    |                                      |         |          |
| Date:                  | \$                    |                                      |         |          |
| Date:                  | \$                    |                                      |         |          |
| Date:                  | \$                    |                                      |         |          |
| Date:                  | \$                    |                                      |         |          |
| Date:                  | \$                    |                                      |         |          |
| Date:                  | \$                    |                                      |         |          |
| <b>TOTAL</b>           | \$                    |                                      |         |          |

**(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](mailto:email-travel@mpsaz.org) fax—472.0107