RUCD HEAD START
TRAVEL REIMBURSEMENT
(Not for Advance Travel)

NAME: _____ POSITION: _____ CENTER: _____

In-Area Travel _____ Out-Of-RUCD-Area Travel _____

Description and Purpose of Travel: _____

_____

Travel Began On: Date: _____ Time: _____ AM PM

Travel Ended On: Date: _____ Time: _____ AM PM

EXPENDITURES TO BE REIMBURSED

Meal Allowance .... _____

*Lodging - Number of Nights _____ @ _____ per night .... _____

Transportation Costs:

Private Auto - # Miles _____ @ _____ per mile..................................... _____

*Cab Fare _____ *Airport Parking _____ per day .... _____

*Staff Car Expenses .... _____

*Other .... _____

*Misc. Expenses .... _____

*Please Give Explanation(s) and Description of Expenses: _____

_____

_____

TOTAL EXPENSES (All *Items must have receipts in compliance with procedures) .... _____

I certify that all entries specified in this report are true, and that all travel arrangements and expenditures are in accordance with Government Travel Regulations and the appropriate RUCD Policies and Procedures.

Signature of Person Requesting Authorization and Reimbursement:

X _____ Date: _____

Code:	Approval By Authorized Personnel:	Date: