

RUCD HEAD START REIMBURSEMENT OF EXPENSES

NAME: _____ POSITION: _____

ADDRESS: _____

Purpose of Travel or Reimbursement: _____

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

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

Advance Requested

/Final No Advance Requested

/Final for Advance

Meal _____

Lodging _____

Private Auto - # Miles _____ @ _____ per mile _____

Babysitting - # of children _____ @ _____ per hour _____

Stipend _____

Other _____

For other please explain:

TOTAL EXPENSES _____ **0**

X _____

Date: _____

Signature of Person Requesting Reimbursement

| | | |
|-------|-----------------------------------|-------|
| Code: | Approval By Authorized Personnel: | Date: |
|-------|-----------------------------------|-------|