SOUTHWEST NAHRO
TRAVEL REIMBURSEMENT CLAIM FORM

NAME: _____ TITLE: _____

DEST./PURPOSE: _____ TRANSPORT MODE: _____

DEPARTED: _____ RETURNED: _____
(Time & Date) (Time & Date)

ITEMIZED RECAPITULATION

DAY								TOTAL
DATE								
MEALS								
BREAKFAST								
LUNCH								
DINNER								
SUBTOTAL								
ACTUAL OR $50. MAX PER DAY								
HOTEL ROOM & TAX								
LOCAL TRANS-PORTATION								
TELEPHONE & COMMUNICATION								
MISC. (Describe on Back)								
ENTERTAINMENT (Describe, Document)								
TOTAL								

TRANSPORTATION EXPENSE:

	ODOMETER START	FINISH	ACTUAL MILES	@ REIMB. RATE		AMOUNT CLAIMED	
PRIVATE AUTO				$ .445 Current	May not exceed "Economy" fare		
AIR FARE		GROUND TRANSPORT		OTHER	DOCUMENT ALL	AMOUNT CLAIMED	TRANSPORTA-TION COSTS

DATE SUBMITTED: _____ , 20____

TOTAL REIMBURSEMENT CLAIMED: $ _____

Transfer Total Reimbursement claimed to Southwest NAHRO Expense Voucher Form, attaching an envelope including all Documentation, Receipts, Vouchers, etc..

SIGNATURE: _____