



EXPENSE REIMBURSEMENT FORM

INVOICE NO. _____

NAME _____ DATE SUBMITTED _____

ADDRESS _____
STREET CITY/TOWN ZIP

EVENT _____ DATES OF EVENT _____

MILEAGE Mileage (minimum of 35 miles) is calculated from your home to the Event and back. Mileage incurred at the Event is not included. If you have rented a vehicle, the cost of fuel is reimbursed, but mileage is not. The first column is for LSA Accounting purposes. Please leave blank.

DATE	FROM	TO	MILES	AMOUNT @.50/MILE
FOR LSA OFFICE USE ONLY			A. TOTAL MILEAGE EXPENSE	

OTHER EXPENSES RELATED TO TRAVEL

DATE	PURPOSE	DESCRIPTION	EXPENSE
	Airfare*		
	Car Rental*		
	Lodging*		
	Meals**		
	Other		
* These expenses must be pre-approved by LSA		**Limited to \$15/day	
FOR LSA OFFICE USE ONLY			B. TOTAL OTHER EXPENSES

EXPENSES NOT RELATED TO TRAVEL: All expenses not related to travel must be pre-approved by LSA and each such expense must be detailed on a separate sheet and submitted with this form and all receipts.

DATE	PURPOSE	DESCRIPTION	EXPENSE
FOR LSA OFFICE USE ONLY			C. TOTAL NON-TRAVEL EXPENSES

NOTE: Expenses listed above that are not properly documented will not be reimbursed. Original receipts or .pdf versions must be attached to this form. Expenses submitted to LSA 90 days after they are incurred will not be reimbursed.

TOTAL EXPENSES (Add A, B and C)	
LESS: ADVANCE (if any)	
NET REIMBURSEMENT DUE	

SIGNATURE OF PERSON FILING FORM

AUTHORIZING SIGNATURE

DATE PAID	CHECK NUMBER
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