

JJC BEST Travel Reimbursement Request FY 2011

Please Print Information legibly

Your name		Social Security #	
Street Address check is to be mailed to			
City	State	Zip	Home phone ()
School		School phone ()	
<p>Event date(s) : February 17-18, 2011</p> <p>purpose: IACTE ANNUAL CONFERENCE</p> <p>location: NORMAL, IL</p> <p>Name of Person sharing your room: _____</p>			
			Actual Cost
<p>Mileage -- Round trip @ \$.50 per mile</p> <p>date _____ = _____ miles</p> <p>date _____ = _____ miles</p> <p style="text-align: center;">Total miles _____ X \$.50 =</p>			\$
Lodging (MUST attach <u>original receipts</u> with \$.00 balance)			\$
Meals (Not included in registration fee)			\$
			\$
			\$
TOTAL			\$

BEST will reimburse expenses for:

- Mileage from your SCHOOL to the meeting
- Lodging -- You must make your own reservations and submit original receipt With a Zero balance due
- Meals at the rate of \$6 for breakfast, \$8 for lunch, and \$14 for dinner -- meals included in registration fee will not be reimbursed

*****Please Attach Original Receipts*****

Your Signature

Date