

NORTHWEST ASSOCIATION OF SPECIAL PROGRAMS
TRAVEL EXPENSE REIMBURSEMENT REQUEST

**NASP BOARD MEETING REIMBURSEMENTS WILL BE LIMITED TO \$100.00 PER DAY
UNLESS APPROVED BY THE BOARD. ORIGINAL RECEIPTS REQUIRED.**

Name: _____

Address: _____

City, State Zip _____

Purpose of trip: (must include agenda) _____

Meeting Dates _____

Meeting Destination: _____

Points of Travel

Depart From _____ To _____

Travel Expenses

	Vender	Amount
Hotel:	_____	_____
Airfare	_____	_____
Transportation to & From Hotel to airport <i>(at lowest rate, use of shuttle when possible)</i>	_____	_____
Parking \$15.00/day maximum	_____	_____
Pre Diem Allowance claimed at \$40.00 per day Breakfast \$10.00 Lunch \$12.50; Dinner \$17.50	_____	_____
Mileage To _____ From _____ X \$.585	_____	_____

"Exceptional" Expenses claimed in addition to or in lieu of Per Diem Allowance.
Please itemize, provide narrative and receipts.

Date	Vender	Description	
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Total Expenses Claimed: _____

Amount due traveler: _____

I certify that this statement, the amounts claimed and attachments are true, correct, and complete to the best of my knowledge and believe, and that the payment for the amount claimed has not been already received.

Date

Signature of Traveler

Date

Approved for payment by

PD Check #
