

Nonemployee Reimbursement Request

Contact Information

Payee name	Stake	Ward	Invoice number
Telephone (with area code)	Email address	Invoice date	Reimbursement rate
Payee address			

Recurring Travel

If possible, attach mileage from a mapping application. For a multi-leg trip, include or attach the location of each stop.

Starting point (address if available)	Destination (address if available)	Round-trip mi. or km.																																																																
Purpose		Round-trip fares or tolls																																																																
Month	Dates of recurring travel	Recurring travel totals																																																																
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*Reimbursement amount for recurring travel is calculated as follows: days x (mi. or km. x reimbursement rate + fares or tolls)

Varied Travel

List each travel leg separately. Attach additional pages if needed.

Starting point (address if available)	Destination (address if available)	Purpose	
Date	Mi. or km.	Fares or tolls	Reimbursement amount*
Starting point (address if available)	Destination (address if available)	Purpose	
Date	Mi. or km.	Fares or tolls	Reimbursement amount*
Starting point (address if available)	Destination (address if available)	Purpose	
Date	Mi. or km.	Fares or tolls	Reimbursement amount*
Starting point (address if available)	Destination (address if available)	Purpose	
Date	Mi. or km.	Fares or tolls	Reimbursement amount*

*Reimbursement amount for varied travel is calculated as follows: mi. or km. x reimbursement rate + fares or tolls

Other Expenses

Attach original receipts. Attach additional pages if needed.

Merchant name	Purpose and description of purchase	Account code	Amount

Totals

Recurring travel expenses	Varied travel expenses	Other expenses	Total travel expenses
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Payment Authorization Signatures

Requester's signature	Date	Approver's signature (if applicable)	Date
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