



DISTRICT 9

INSTITUTE OF TRANSPORTATION
ENGINEERS

REIMBURSEMENT REQUEST FORM

NAME _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____

WORKDAY TELEPHONE: () _____ EMAIL _____

MEETING INFORMATION: PURPOSE _____

LOCATION _____ DATE _____

***** ALL REIMBURSEMENT ITEMS *MUST* BE ACCOMPANIED BY SUPPORTING RECEIPTS *****

Refer to ITE District 9 Travel Reimbursement Policy for eligible reimbursement items, limitations and requirements.
Total payment not to exceed budgeted amount unless approved in advance by the District Board.

ITEM	NOTES	AMOUNT
Airline Tickets	Attach ARC Passenger Coupon, Ticket stub with amount or similar receipt	\$ _____
Vehicle Mileage	_____ miles @ IRS Rate of \$0.365 per mile (just fill in mileage, spreadsheet will compute amount)	\$ _____ -
Parking/Tolls		\$ _____
Other Ground Transportation:	Include receipt with any tip noted	\$ _____
Lodging	Only for room + tax (no other hotel charges)	\$ _____
Meals	Receipts should include food list, where appropriate, and include tip	\$ _____
Other Expense	Must be accompanied by explanation (please attach):	\$ _____

TOTAL REIMBURSEMENT REQUESTED: \$ _____ -

Signature _____ Date _____

Submit reimbursement requests to:

Jim Williams

TexITE District Administrator

P.O. Box 426

Arlington, TX 76004-0426

	Code	Date Pd	Check No.
For internal use			