



Reimbursement Request Form

Date Submitted: _____

Check Payable to: _____

Company Name (if applicable): _____

Mail payment to (street address/city/state/zip): _____

Email: _____ Phone: _____

Instructions: Requests for travel must be for one individual for one trip. Requests must include proper documentation (receipts) along with this completed form. Please email completed form and receipts to ieahu.administration@gmail.com and Pat@Reaumebenefits.com within 30 days after the trip. Only IEAHU members will be reimbursed. For mileage info, please provide direct route information (Google Maps, etc.) to and from the site.

| Destination of Trip | Beginning and Ending Dates of Travel | Purpose |
|---------------------|--------------------------------------|---------|
| | | |

| Trip Summary | | Amount | |
|--------------------------------|---------------------|--------|--|
| Registration Fee | | | |
| Airfare | | | |
| Hotel Stay | | | |
| Shuttle/Taxi Expenses | | | |
| Parking (when applicable) | | | |
| # of Miles Driven (if applies) | Mileage @ .575/mile | Total | |
| | x .575 | | |
| | x .575 | | |
| TOTAL Trip Expenses | | | |

| Miscellaneous Expenses/Description | Amount |
|------------------------------------|--------|
| | |
| | |
| | |

| | |
|--|--|
| Total Reimbursement (Trip and/or Miscellaneous) | Requested Reimbursement Amount: |
|--|--|