



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 CAHIP-IE 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 @ .70/mile	Total	
	x .70		
	x .70		
TOTAL Trip Expenses			

Miscellaneous Expenses/Description	Amount

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