

Museum of Northern Arizona

Travel Reimbursement Form

Payment to:

Dates: _____

Purpose of Trip/Destination: _____

	MNA CC	Personal CC/ Cash Amount
Airfare	\$	\$
Meals		
Lodging		
Mileage (no gas purchased) miles @ \$.535/mile		
Mileage (gas purchased) miles @ \$.11/mile		
Taxi/Airport Limo		
Subway		
Parking Fees/Tips		
Tolls		
Rental Car		
Gasoline		
Other:		
Total Expenses	\$	\$
Total Advances		\$
Difference Due Traveler/Due MNA (circle one)		\$

Payee:		Date:	
Supervisor:		Date:	
Director:		Date:	

Please attach supporting documentation (receipts, odometer readings, etc.)

Please complete, sign, and pass on to your supervisor.

For Accounting use only
Accounting code: