



Travel Reimbursement Form  
Individuals Not Affiliated with an Interested Organization

**GENERAL INFORMATION**

NAME: \_\_\_\_\_

PHONE: \_\_\_\_\_ E-mail: \_\_\_\_\_

ORGANIZATION: \_\_\_\_\_

TRAVEL DESTINATION: \_\_\_\_\_

DATES OF TRAVEL: \_\_\_\_\_

PURPOSE OF MEETING: \_\_\_\_\_

**TRAVEL EXPENSES**

AIRFARE: (up to 96.5¢/mile) .....\$ \_\_\_\_\_

AUTO TRAVEL (in lieu of air travel): ..... \_\_\_\_\_ miles x 36¢ = \$ \_\_\_\_\_

MOTORCYCLE TRAVEL (in lieu of air travel): ..... \_\_\_\_\_ miles x 27.5¢ = \$ \_\_\_\_\_

CAB / VAN / BUS: .....\$ \_\_\_\_\_

OTHER EXPENSES: ..... \$ \_\_\_\_\_

ROOM EXPENSE: ..... DAY x \_\_\_\_\_ = \$ \_\_\_\_\_

REIMBURSEMENT: ..... TOTAL \$ \_\_\_\_\_ = \$ \_\_\_\_\_

**CHECK PAYABLE TO:** \_\_\_\_\_

**ADDRESS:** \_\_\_\_\_

**COMMENTS:** \_\_\_\_\_

**SIGNATURE:** \_\_\_\_\_

*Note: Receipts are required for reimbursement. Please attach original receipts where possible; if not, attach copies. Faxes are not acceptable.*

**Submit Request to:** Western Governors' Association  
Attention: Patrick Cummins  
1600 Broadway, Suite 1700  
Denver, CO 80202  
(303) 623-9378 for questions