

**East Missouri Action Agenc, Inc.
Out of Travel Request**

***ATTACH PROOF (AGENDA, SCHEDULE, CURRICULUM, ETC.) OF PLANNED TRAVEL**
***ADVANCE OF REIMBURSEMENT CANNOT BE PAID WITHOUT PROPER DUCUMENTATION.**
***ADVANCE PAYMENT CANNOT BE GUARANTEED IF SUBMITTED LESS THAN TEN (10)**
WORKING DAY PRIOR TO LEAVING.

Traveler: _____ Date Completed: _____

Destination: _____ Purpose: _____

Location Information: Day: _____
 Hotel, Phone #, etc. Evening: _____

Depart Date: _____ at _____ AM/PM Return Date: _____ at _____ AM/PM

NOTE: Place amount in either the "Prepaid" or "Advance" column, not in both.

PREPAID/CHARGED	ADVANCE REQUESTED
Air Fare (Receipt Required): \$ _____	\$ _____
Mileage: \$ _____	\$ _____
Hotel (Receipt Required): \$ _____	\$ _____
Food: \$ _____	\$ _____
Registration: \$ _____	\$ _____
Miscellaneous: \$ _____	\$ _____
TOTAL \$ _____	\$ _____

Check Here for Advance: _____

I understand that within **5 working days** of my return, I will submit documents verifying actual expenses, as required and will return excess funds to EMAA. I also understand that, should I not return excess funds, they may be withheld from my next paycheck. I acknowledge & accept these requirements by my signature below.

 Traveler's Signature Date

 Travel Approval - Department Head Date

 Travel Approval - Executive Director Date

Note: All signatures, including Executive Director must be obtained prior to being submitted for payment. Otherwise it will be returned to employee to obtain signatures.

East Missouri Action Agency, Inc.
Out of Town Travel Expense Reconciliation

Traveler: _____ Date Submitted: _____

Departure Date & Time _____ Actual Return Date & Time: _____

For Line 2 below: Detail of miles you drove on EMAA business for this trip.

Date: _____	To/From: _____	#of Miles _____	x.58=	\$ _____
Date: _____	To/From: _____	#of Miles _____	x.58=	\$ _____
Date: _____	To/From: _____	#of Miles _____	x.58=	\$ _____
Date: _____	To/From: _____	#of Miles _____	x.58=	\$ _____

For line 6 below: Summary of other expenses (attach receipts for any individual expense over \$25.00)

Date: _____	Expense: _____	Amount: _____	\$ _____
Date: _____	Expense: _____	Amount: _____	\$ _____
Date: _____	Expense: _____	Amount: _____	\$ _____
Date: _____	Expense: _____	Amount: _____	\$ _____
Date: _____	Expense: _____	Amount: _____	\$ _____
Date: _____	Expense: _____	Amount: _____	\$ _____

Prepaid Actual Charge

**Actual Expense of Advance
Received**

Air Fare (Receipt Required): \$ _____	\$ _____	Total \$ _____
Mileage: \$ _____	\$ _____	Total \$ _____
Hotel (Receipt Required): \$ _____	\$ _____	Total \$ _____
Food: \$ _____	\$ _____	Total \$ _____
Registration: \$ _____	\$ _____	Total \$ _____
Miscellaneous: \$ _____	\$ _____	Total \$ _____
TOTAL \$ _____	\$ _____	

Cost of Trip:	\$ _____
Less Advance:	\$ _____
Less Prepaid	\$ _____
Total Due Employee/Agency:	\$ _____

(Circle One)

I certify that the above claim and attachments are true, correct and complete.

Executive Director's signature required if reimbursement exceeds 20% of advance.

Signature of Traveler	Date	Program Director	Date
Executive Director	Date		