



North Dakota Society for Respiratory Care

### TRAVEL REIMBURSEMENT FORM

Return this form along with original receipts to NDSRC Treasurer within ten days of travel completion. *Please Print Clearly.*

Name \_\_\_\_\_

Mail Check to: \_\_\_\_\_  
\_\_\_\_\_

E-mail Address \_\_\_\_\_ Phone: \_\_\_\_\_

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#### INFORMATION REQUIRED FOR PAYMENT:

Reason for Travel: \_\_\_\_\_

Destination: \_\_\_\_\_

Dates of Travel: \_\_\_\_\_

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#### EXPENSES:

Airline Tickets: \$ \_\_\_\_\_  
(receipt required)

Lodging: \_\_\_\_\_ nights @ \_\_\_\_\_ \$ \_\_\_\_\_  
(receipt required)

Meal/Food Expenses \_\_\_\_\_ days @ \_\_\_\_\_ \$ \_\_\_\_\_

Cab/Shuttle \$ \_\_\_\_\_  
(receipt required)

Other (specify; receipt required) \$ \_\_\_\_\_

**TOTAL EXPENSES** \$ \_\_\_\_\_

\_\_\_\_\_  
**Signature of Traveler**

\_\_\_\_\_  
**Date**

Approved by \_\_\_\_\_

**Signature**

\_\_\_\_\_  
**Date**