

Travel Reconciliation Form

Employee Name: _____

Today's Date: _____

Purpose of Trip: _____

Department: _____

Date & Time of Departure: _____

Date & Time of Return: _____

CEU Information

Total CEUs Obtained: _____ Location of Training (City, State) _____

CEU Documentation Provided to Credentialing Specialist: Yes No N/A

Personal Vehicle Mileage Reimbursement

****Mileage should be figured to and from your DBH work location****

Date	From	To	Miles Driven	Rate Per	Amount
Total Mileage					

Expenses Incurred Other Than Mileage

	Prepaid by DBH	Out-of-Pocket
Cost of Transportation (Airline, Bus/Shuttle, etc.):	\$ _____	\$ _____
Registration Fees (Please attach conference agenda)	\$ _____	\$ _____
Other Expenses (Explanation Required)		
1.	\$ _____	\$ _____
2.		\$ _____
3.		\$ _____
4.		\$ _____
Total Mileage Expense (from above)		\$ _____
Subtotal: Prepaid by DBH	\$ _____	
Subtotal: Out-of-Pocket Expenses Incurred by Employee		\$ _____
Total Expenses:		\$ _____
Amount Due to Employee:		\$ _____

Employee Signature

Date

Supervisor Signature

Date

Travel Coordinator Signature

Date

This form must be completed, approved, and submitted to the Travel Coordinator within 30 days of returning from all trainings.

* Attach boarding passes and/or receipts

** Explanation of tips must be included. Alcoholic beverages and entertainment are not covered.

By signing this document, I agree that all costs reported are accurate and true.