2023 Travel Expense

Fields highlighted in RED are REQUIRED

hfma healthcare financial management association

Non Staff - Travel Expense Report

First Name		*Last Name*		*Today's Date*		*Per Mile Reimbursement*	.655
Reimbursement ***Payable to***		*Event Name*		*Invoice Number*	WE-	*Total Reimbursement Due*	$ 0.00
Remit to Address		*City*		*Department-Project*			
		State					
		Zip Code					

Reason for Travel:

		While away from home, overnight				Supporting document must be attached (receipts)			
Date of Transaction	Description of Expense	Airfare/Baggage (5222)	Lodging (5223)	Gas, Rental Car, Taxi/Uber (5222)	Meals & Tips (5223)	Total Miles	Mileage (5222)	Speaker Expenses (5226)	Total
							$ 0.00		$ 0.00
							$ 0.00		$ 0.00
							$ 0.00		$ 0.00
							$ 0.00		$ 0.00
							$ 0.00		$ 0.00
							$ 0.00		$ 0.00
							$ 0.00		$ 0.00
							$ 0.00		$ 0.00
							$ 0.00		$ 0.00
Total		$ 0.00	$ 0.00	$ 0.00	$ 0.00		$ 0.00	$ 0.00	