



Delta Theta Phi Law Fraternity

2017 Biennial Convention & Leadership Conference

Travel Reimbursement Form

Name (Pay To): _____

Mailing Address: _____

Telephone: _____ Email: _____

Senate: _____ School: _____

TRAVEL INFORMATION

From: _____ Date: _____

To: _____ Date: _____

IF AIR TRAVEL, note airports above, then complete the following and attach receipts:

Airline: _____

Flight # Inbound: _____ Flight # Outbound: _____

Total Cost: _____

IF DRIVING, note cities above, then complete the following and attach any toll receipts:

Beginning Mileage: _____ Ending Mileage: _____

Total Miles Traveled: _____ List Tolls: : _____

I hereby attest that the above information is true and correct and I have attached the necessary evidence hereto.

Signature: _____ Date: _____

For office use only:

Complete? _____

Receipts Attached _____

Base Reimbursement _____

Adjustments _____

TOTAL AMOUNT DUE _____

Approval: _____

Check #: _____ Date Sent: _____