National States Geographic Information Council
Travel Reimbursement Request

Date of Request: ___ ___ / ___ ___ / ___ ___

Destination: _____

Reason for Travel: _____

Name (please print): _____

Make check payable to: _____

Address **(to mail reimbursement check)**:

_____

_____

_____

Days of travel: Start: ___ ___ / ___ ___ /___ ___

End: ___ ___ / ___ ___ /___ ___

1) Airline or Other Common Carrier Transportation Cost: $_____

(Only list Common Carrier transportation costs if you personally paid them.)

2) Hotel Approved Rate: $_____ per day x _____ days = $_____

Hotel Taxes: $_____ per day x _____ days = $_____

(Only the actual cost up to 120% of the Federal per diem rate is guaranteed for reimbursement. Forward a copy of the hotel receipt with this request.)

3) Approved Meal Rate: $_____ per day x _____ days = $_____

4) Other Incidental Expenses **(forward a copy of these receipts):**

Parking Fees: $_____

Other Transportation: $_____

Please Describe: _____

Other (Please Describe):_____$_____

Other (Please Describe):_____$_____

Other (Please Describe):_____$_____

5) **Total Reimbursement Request:** $_____

Signature of Requestor: _____

(By my signature, I guarantee the above information is accurate.)

Please send reimbursement requests with actual receipts to:
NSGIC, 2105 Laurel Bush Road, Suite 200, Bel Air, MD 21015