



Travel Reimbursement Request¹
DORN RESEARCH INSTITUTE
COLUMBIA, SC

DATE: **March 15, 2021**

TO: Executive Director

FROM:

SUBJ: Travel Reimbursement

1. Reimbursement of expenses is requested for _____ who attended _____ on _____.
2. The following is a breakdown of total expenses: (Complete a travel voucher to show breakdown of daily expenses).

a.	Hotel	\$ _____	
b.	Meals	\$ _____	
c.	Transportation	\$ _____	
d.	Cab/Ground Transportation	\$ _____	
e.	Parking (receipt required)	\$ _____	
f.	Registration	\$ _____	
g.	Other	\$ _____	Describe _____
	TOTAL:	\$ _____	

3. Attached are original receipts for all items of \$25.00 or more and all other approvals required to process this reimbursement.

4. Funds received from other sources for this travel (please specify):

a.	Transportation	_____	
b.	Lodging	_____	
c.	Meals	_____	
d.	Registration	_____	
e.	Other	_____	
	TOTAL:	_____	

Signature

FOR DRI USE ONLY

CHECK # _____ AMOUNT _____

Executive Director

Date

Chairman of the Board

Date

¹ Electronic Version March 15, 2021