



## Travel Reimbursements

The Joint Center will reimburse you for your travel related expenses for this event. This includes, approved coach airfare and hotel accommodation\* should the meeting require an overnight stay, personal auto mileage (50.5 cents per mile), and taxi. Airline tickets and any related accommodations must be booked well in advance of the scheduled event in order to obtain the most economically available rate(s). Failure to do so may result in a pro rated reimbursement of the incurred costs. Car rental, fuel and parking in lieu of air travel should not exceed the cost of the airfare(s) and local travel to and from the airport. Chauffeured transportation and/or Limousine services are not allowable except when preapproved and authorized in writing. Any extra expenses (including but not limited to unapproved itinerary changes and costs related to circuitous routes, extra nights, mini bar, laundry, movies, phone & internet calls, tips, etc.) will not be reimbursed. In most cases, the program event or conference will include meal functions. When meals are not provided, reasonable reimbursement for meals may be submitted. Alcoholic and tobacco products are not reimbursable. All claims must be submitted within 30 days after the event.

Enclosed is a copy of the Joint Center's reimbursement form for your convenience. Please note that the submission must include an **ORIGINAL** signature and **ORIGINAL** receipts for all expenses connected with this event. The Joint Center's Office of Finance and Administration requires this information in order to process payments.

\* In most cases, airfare and accommodations will be booked directly by the Joint Center.

Thank you.

**JOINT CENTER FOR POLITICAL AND ECONOMIC STUDIES**

1090 Vermont Avenue, N.W., Suite 1100  
Washington, D.C. 20005  
202-789-3500

**OFFICIAL BUSINESS EXPENSE REPORT**

CLAIMANT/PAYEE NAME: \_\_\_\_\_ Department/Organization: Health Policy Institute Note: Proper receipts must accompany  
MAILING ADDRESS: \_\_\_\_\_ Project Title: \_\_\_\_\_ this report. (See instructions for this  
\_\_\_\_\_ Project Code: 684 form in file EXPINST).

Date	Plane Train Bus	Private Auto Miles \$Amount	Auto Rental	Taxi or Limo	Parking or Tolls	Hotel Lodging	Meals	OTHER Description	Amount	Total	Specific Purpose/ Explanation of Expenses Incurred
<b>TOTAL</b>											

Social Security #: \_\_\_\_\_

I certify that the expenditures reported above represent a true and accurate statement of expenses incurred.

Grand Total \_\_\_\_\_  
Less Travel Advance \_\_\_\_\_  
Less Prepaid Items \_\_\_\_\_  
Balance Due Claimant \_\_\_\_\_  
Balance Due Joint Center \_\_\_\_\_

**FOR OFA USE ONLY:**

Project Code Confirmed \_\_\_\_\_  
Audited By \_\_\_\_\_ Date \_\_\_\_\_  
Approved By \_\_\_\_\_ Date \_\_\_\_\_

Signature of Claimant \_\_\_\_\_ Date \_\_\_\_\_  
Supervisor/Director Approval \_\_\_\_\_ Date \_\_\_\_\_

Expense report-2/28/08. **\*\*PLEASE NOTE\*\*** Reimbursements for meals will be paid to the traveler, up to the allowable level, only in cases where no meals are provided by the Joint Center for Political and Economic Studies or Partnering Sponsors