

LIBRAS Travel Request/Claim Form

Name: _____ Date: _____

Email: _____ Phone: _____

LIBRAS Institution: _____

Name of event: _____

Date(s) of event: _____ Location of event: _____

Name and address of sponsoring organization:

Describe how this activity will benefit LIBRAS members.

Expenses:	Estimated expenses	Actual expenses	<u>LIBRAS Use Only</u>
Registration/Fees:	\$ _____	\$ _____	Amount approved: _____
Travel (air, car, other):	\$ _____	\$ _____	Date approved: _____
Lodging (____ nights):	\$ _____	\$ _____	Receipts received: _____
Meals:	\$ _____	\$ _____	Report received: _____
Other expenses:	\$ _____	\$ _____	Applicant paid: _____
Total:	\$ _____	\$ _____	Payment amount: _____

Receipts must be submitted to the LIBRAS Treasurer within 30 days of the event's conclusion. Please include a copy of the approved application with the receipts.