

**NATIONAL PROCESSED RASPBERRY COUNCIL  
REQUEST FOR REIMBURSEMENT OF TRAVEL EXPENSES**

**CLAIMANT NAME:** \_\_\_\_\_ **Position/Title:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Street:** \_\_\_\_\_ **City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Zip:** \_\_\_\_\_

**Purpose of Trip/Destination** \_\_\_\_\_

Date	Location	Cost of Meals			Total for Day	Hotel	Inc	Air Transp.	Rental Car	Tolls Prkng	Auto Miles	Total Expenses
		B	L	D								
												\$ -
												-
												-
												-
												-
												-
												-
												-
												-
												-
												-
**NOTE: MILEAGE WILL BE REIMBURSED AT CURRENT IRS RATES**									Total Mileage @	\$0.560	-	\$0.00
												\$0.00
<b>Miscellaneous Expenses:</b>												
										Total Expense	\$0.00	

I HEREBY CERTIFY That this claim is a true statement of the travel expenses incurred by me and that all items shown were for official business against which the claim is made.

\_\_\_\_\_  
Signature of Claimant

\_\_\_\_\_  
Signature of Approving Official

\_\_\_\_\_  
Date

