WACUHO

Western Association of College and University Housing Officers

Travel Reimbursement Request

Date of Request:

Purchaser's Name:

Phone Number:

Payable To:

Address:

City, State, Zip:

Payment method: ☐ Check ☐ ACH

ACH R/T number:

ACH Account #:

Bank Name:

Mileage Info

Travel From:

To:

Total Miles Driven: x $ 0.580

Mileage reimbursement is at most recent IRS Rate/Mile.

Itemized Travel Expenses

# Dates of Travel	Vendor and Expense Description	WACUHO CC Amt.	Reimburse Amt.
Mileage	miles listed above		$ 0.00
1			
2			
3			
4			

Subtotal: Travel Amt $ 0.00

Itemized Per Diem Expenses

# Dates of Travel	Vendor and Expense Description	WCC Amt.	Per Diem Amt.	Reimburse Amt.
1				
2				
3				
4				
5				
6				

Per Diem Allowance:

Subtotal: Per Diem $ 0.00

Per Diem is $150.00/day. Payment can be expected within 10 days of receipt of this request by the Treasurer. For payments required in less than 10 days, please contact the Treasurer for instructions.

Subtotal: Reimburse Amt $ 0.00

Total Reimbursement $ 0.00

Return this form to
Jenna Hazelton
6001 Lindo Paseo
San Diego, CA 92115
treasurer@wacuho.org
Phone: (619) 594-8717

My request is made in accordance with all WACUHO Financial Procedures.

REQUESTOR SIGNATURE DATE

TREASURER OR PRESIDENT APPROVAL DATE

Date: CK#: Acct: Amount: Date posted: