

# 2024 REIMBURSEMENT OF TRAVEL

◆ Lakeview College of Nursing ◆  
903 North Logan Avenue, Danville, IL 61832 ◆ 580 West Lincoln Avenue, Charleston, IL 61920

NAME \_\_\_\_\_

NAME OF CONFERENCE/DESTINATION \_\_\_\_\_

DATES ATTENDED \_\_\_\_\_

## LODGING

Hotel/Motel (\_\_\_\_\_ Nights @ \$\_\_\_\_\_ per night) \$\_\_\_\_\_

## MEALS (Must submit each itemized receipt. No alcoholic drinks reimbursed/place on a separate bill)

Breakfast \_\_\_\_\_ #Meals @ \$8.00 = \$\_\_\_\_\_

Lunch \_\_\_\_\_ #Meals @ \$14.00 = \$\_\_\_\_\_ Total Meals = \$\_\_\_\_\_

Dinner \_\_\_\_\_ #Meals @ \$23.00 = \$\_\_\_\_\_

*(Prices shown are allotment per day/per meal. Example: if your dinner costs \$16.42; you only get reimbursed that specific amount...if your dinner costs \$38.20; you only get reimbursed the daily allotment of \$23.00. No reimbursement on gratuity over allotment amount or if meals are included in conference. Anything over allotment will be the employee's responsibility.)*

## TRANSPORTATION (must submit each itemized receipt)

Airline ticket(s) \$\_\_\_\_\_

Airport parking \$\_\_\_\_\_

Baggage Fees \$\_\_\_\_\_

Auto \_\_\_\_\_ Miles @ \$ .67 (IRS rate) \$\_\_\_\_\_

Taxi/Uber \$\_\_\_\_\_

Registration Fee \$\_\_\_\_\_

Miscellaneous Reimbursement Expense (Itemize) \$\_\_\_\_\_

\$\_\_\_\_\_

TOTAL \$\_\_\_\_\_

TOTAL AMOUNT ADVANCED \$\_\_\_\_\_

AMOUNT RETURNED TO COLLEGE \$\_\_\_\_\_

**AMOUNT DUE TO EMPLOYEE FOR REIMBURSEMENT \$\_\_\_\_\_**

I hereby certify that to the best of my knowledge, the information furnished on this form is true and complete and I have attached all itemized receipts. I understand that if found to be otherwise, it is sufficient cause for rejection of reimbursement.

Signed \_\_\_\_\_ Date \_\_\_\_\_

This form **must be returned no later than 5 business days** after returning to LCN. **Submit completed form and attach all required itemized receipts to the Assistant to the President.**

