

Travel Reconciliation Form

Date: _____

Employee Name: _____ **Department:** _____

Reason for Trip: ☐ Training/Conference ☐ Meeting ☐ Other: _____

CEU Information

Total CEUs Obtained: _____

CEU Documentation Provided to Credentialing Specialist: ☐ Yes ☐ No ☐ N/A

Personal Vehicle Mileage Reimbursement

Date	From	To	Miles Driven	Rate Per	Amount
Total Mileage					

Expenses Incurred Other Than Mileage

	Prepaid by DBH	Out-of-Pocket
Cost of Transportation (Airline, Bus/Shuttle, etc.):	\$ _____	\$ _____
Registration Fees	\$ _____	\$ _____
Other Expenses (Explanation Required)		
1.		\$ _____
2.		\$ _____
3.		\$ _____
4.		\$ _____
5.		\$ _____
Subtotal: Prepaid by DBH	\$ _____	
Subtotal: Out-of-Pocket Expenses Incurred by Employee		\$ _____
Total Expenses:		\$ _____
Amount Due to Employee:		\$ _____

_____ Employee Signature	_____ Date
_____ Supervisor Signature	_____ Date
_____ Travel Coordinator Signature	_____ Date

This form must be completed, approved, and submitted to the Travel Coordinator within 30 days of returning from all trainings.

* Attach boarding passes and/or receipts

** Explanation of tips must be included. Alcoholic beverages and entertainment are not covered.

By signing this document, I agree that all costs reported are accurate and true.