

WESTAR Expense Claim

Name of Attendee:				Name of Meeting:			
Agency:				Meeting Location:			
Date Submitted:				Meeting Dates:			
Attendee's Signature <i>(required for processing)</i> :							
Payable To:				Work Phone #:		ext.	
Address:				Work Fax #:			
City:				State:			
Zip:				Email:			
Expense Itemization	Date	Date	Date	Date	Date	Date	Total
<i>[Rates effective Dec 2015]</i>							
Breakfast (\$11)							
Lunch (\$14)							
Dinner (\$28)							
Lodging							
Air Fare							
Ground Transportation							
Car Rental Expense							
Rental Car Gas							
Parking							
Other							
Car Mileage (\$0.54/mile)							
Total Reimbursement Requested							
Comments:							
Are Original Receipts Attached??? <input type="checkbox"/> Yes <input type="checkbox"/> No (explain)							
Supervisor/Coordinator Signature <i>(required for processing)</i> :							

Submit To: WESTAR Council
3 Caliente Rd #8
Santa Fe, NM 87508
 Fax Number: 505-954-1216
 Email: jgadret@westar.org

**Reimbursement requested must comply with expense limitations and travel policy adopted by WESTAR Council.