## **MONTGOMERY COLLEGE**

## EAP-RELATED REIMBURSEMENT REQUEST FOR LONG DISTANT TRAVEL FUNDS

This form is to be used to obtain reimbursement for travel funds that were reserved and affiliated with an Educational Assistance Plan (EAP expense). Only submit this form after the travel has been completed and attach all appropriate receipts. NOTE: Maximum reimbursement cannot exceed \$1,225.00 in FY18.

expense). Only submit this form after the travel has bee cannot exceed \$1,225.00 in FY18.  Print Name:	·	MC ID NUMBER  M
Name of Event & Dates:		
SIGNATURES		
Requester	 Date	HRSTM Acct. Manager Date
Room (Original Receipt Required) \$		<u> </u>
*Air, Bus, or Fare( <i>Ticket Receipt Required</i> )  *Private Transportation ( <i>Total # of Miles</i> )		ACCOUNT MANAGER'S APPROVAL REQUIRED PRIOR TO REIMBURSEMENT.
Local Transportation ( <i>Airport limo, taxi, etcOriginal Receipt Required</i> )  Meals ( <i>Original Receipt Required</i> )		
Other - Provide details  TOTAL \$		
♥ _ 		
*NOT TO EXCEED COST OF COACH FARE		REFER TO <b>SECTION 65001CP</b> IN THE POLICIES & PROCEDURES MANUAL REGARDING REIMBURSEMENT.

Forward the completed form along with original receipts <u>taped</u> neatly in preparation for processing to HRSTM.