



## 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 a designated amount each fiscal year. Please refer to the [EAP webpage](#) for more details.

Name: \_\_\_\_\_ MC ID Number: M\_\_\_\_\_

Event Name and Dates: \_\_\_\_\_

### Instructions

Original receipts required unless otherwise noted. If providing multiple receipts on one piece of paper, please make sure the receipts are taped neatly in preparation for processing. HRSTM Account Manager must approve prior to reimbursement. Refer to [65001CP, Reimbursement for Travel and Related College Expenditures](#) for additional information regarding reimbursement.

Room	\$
*Air, Bus, or Fare (ticket receipt required)	\$
*Private transportation (total number of miles)	\$
Local Transportation (airport limo, taxi, etc)	\$
Meals	\$
Other:	\$
<b>TOTAL</b>	\$
<i>*Not to exceed cost of coach fare</i>	

### Signatures

\_\_\_\_\_  
Requestor

\_\_\_\_\_  
HRSTM Account Manager