



# Travel Additional Reimbursement Request Form

Send completed forms to Accounts Payable MS 3250 - Incomplete Forms will be Returned

Date \_\_\_\_\_

Requested by the Department of: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Dept. Phone: \_\_\_\_\_

Accounts Payable Use Only	
<b>Doc #</b> _____	
<b>Previous Reimbursements</b>	
_____	_____
_____	_____
<b>Verified Available Balance</b>	_____

### Individual's Information

Name \_\_\_\_\_ Southeast ID \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

### Trip Information

Trip Date(s) \_\_\_\_\_ thru \_\_\_\_\_

Purpose \_\_\_\_\_

Destination \_\_\_\_\_

### Additional Reimbursement Request

An Expense Report with original receipts, for the above stated trip, was previously submitted for a partial reimbursement of the expenses incurred by the above named individual. Funds are now available to provide this individual with an additional reimbursement for these expenses.

**A copy of the original Expense Report must be attached with this form.**

\*Additional documentation may be required, if original submission did not include all expenditure receipts

**Additional Reimbursement Amount** \_\_\_\_\_

\*\*The amount being requested for Additional Reimbursement is subject to review by Accounts Payable. If the Available Balance for this previously submitted Expense Report is less than this request, the individual will receive only the **Available Balance**.

### FOAPAL

Chart	Index	Fund	Org	Account	Amount
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

### Approval

Financial Manager's Signature \_\_\_\_\_ Date \_\_\_\_\_

Printed Financial Manager's Name \_\_\_\_\_

**If Grant Funded:**

Grant Accountant's Signature \_\_\_\_\_ Date \_\_\_\_\_