



**ASHRAE Boston Chapter**  
**Travel Reimbursement Form**

Requested By: \_\_\_\_\_ Date: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Reason for Travel: \_\_\_\_\_

**Destination:**

Place: \_\_\_\_\_

Address: \_\_\_\_\_

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

**Hotel Information:**

Place: \_\_\_\_\_

Address: \_\_\_\_\_

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

Total Cost of Hotel: \$ \_\_\_\_\_.

**Mileage (By Car)**

Miles To: \_\_\_\_\_ Miles From: \_\_\_\_\_

Total Mileage: \_\_\_\_\_ (mileage rate: \$ .55/ Mile)

Tolls: \_\_\_\_\_

Total Mileage Cost: \$ \_\_\_\_\_.

**Airfare**

Airline: \_\_\_\_\_ Flight Number(s): \_\_\_\_\_

From Airport: \_\_\_\_\_ Date/Time: \_\_\_\_\_

To Airport: \_\_\_\_\_ Date/Time: \_\_\_\_\_

Total Cost of Flight: \$ \_\_\_\_\_.

**Taxi/Train/Bus/Rental (Circle one)**

Taxi From: \_\_\_\_\_ Taxi To: \_\_\_\_\_

Taxi/Rental Company: \_\_\_\_\_

Total Cost of Taxi/Rental: \$ \_\_\_\_\_.

Train/Bus From: \_\_\_\_\_ Train/Bus To: \_\_\_\_\_

Train/Bus Number: \_\_\_\_\_

Total Cost of Train/Bus: \$ \_\_\_\_\_.

**Total Requested Amount:** \$ \_\_\_\_\_.

***Requested by***

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

***Approved by***

\_\_\_\_\_  
Bill Garvey  
ASHRAE Treasurer

\_\_\_\_\_  
Date

**NOTE:**

**Please remember to attach copies of ALL receipts that have been collected. Form MUST be completed within 30 days of date of purchase.**

*\* Please note that this form is for Chapter reimbursement only and not for Society or Regional reimbursement.*