



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.*