

FACT TRAVEL EXPENSE REIMBURSEMENT FORM

Traveler Information				Inspectio	Inspection/Event Information					
Name:				Inspection	/Event Date:					
Organization:				Organizati	Organization inspected/Event:					
Address for check to be mailed:				City:	City:					
City:				State/Prov	State/Province:					
Province/State:				Zip/Postal	Zip/Postal Code:					
Zip/Postal Code:			Country	Country						
Country:				Inspection	Inspection report submitted:		Yes	No	NA	
									TOTAL	
Enter date for each column									TOTAL	
Food – Breakfast										
Food – Lunch										
Food – Dinner										
Airline Tickets (if applicable)										
Lodging										
Taxi/Shuttle/Ride-Share										
Parking										
Car Rental (pre-approval required)										
Gratuities										
Miscellaneous										
TOTAL										

Reviewed by:

Approved by:

Date:

INSTRUCTIONS:

1. For detailed information refer to the *Travel Guidelines and Expense Reimbursement Policy*, ADM.1.1.004.

2. Expenses must be itemized on a daily basis. Please attach all receipts. Unnecessary or non-reimbursable expenses will not be reimbursed.

Date:

- 3. When no receipt is available, or the receipt is lost, contact FACT for additional instructions.
- 4. If meal receipts include expenses for other team members, please provide the names of all individuals in attendance on a separate Word document.
- 5. If airline expenses are paid directly by FACT, do not include these expenses. Include only airline expenses paid by you.
- 6. Car rentals must receive prior authorization from FACT.
- 7. Expenses will not be reimbursed prior to receipt of your completed inspection report.
- 8. Send completed form and receipts to: <u>fact@factglobal.org</u> or FACT, 6901 Dodge Street, Suite 201, Omaha, NE 68132.