

Council of State and Territorial Epidemiologists

2872 Woodcock Blvd., Suite 303

Atlanta, GA 30341-4015

Tel: 770-458-3811 Fax: 770-458-8516

Expense Reimbursement

Name: _____

Address, _____

City, State, Zip _____

Destination: _____ Per Diem _____

PO # _____

Check the boxes below for your Departure and Return Times:
(Multiply the % times the Per Diem Rate for Departure/Return Days)

Departure Time

- ☐ 100%
☐ 75%
☐ 50%
☐ 25%

12AM-6AM
6AM-Noon
Noon-6PM
6PM-12AM

Return Time

- ☐ 25%
☐ 50%
☐ 75%
☐ 100%

Purpose of Trip: _____

Project: _____

Date	Description/Comments	# of Miles @ 0.445/mi.	Total For Reimb.	Charged Direct to CSTE

Total reimbursement for this request:

\$

Note: Receipts must be included for all claimed expenses of \$25.00 or more. The Federal per diem rate will be used to reimburse for meals/tips, minus the applicable percent for meals that are provided (-25% for Breakfast, -25% for Lunch, -50% for Dinner). Please specify any provided meals.

Please check box if you do not plan to request any reimbursement from CSTE for: ☐ **PerDiem** ☐ **Transportation** ☐ **Hotel**

Signature: _____ Date: _____

Approved by: _____ Date: _____

