Council of State and Territorial Epidemiologists
2872 Woodcock Blvd., Suite 303
Atlanta, GA 30341-4015
Tel: 770-458-3811 Fax: 770-458-8516

PO # _____

Expense Reimbursement

Name:_____

Address _____

City, State, Zip _____

Destination: _____ **Per Diem**_____

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

Departure Time		Return Time
☐100%	12AM-6AM	☐ 25%
☐ 75%	6AM-Noon	☐ 50%
☐ 50%	Noon-6PM	☐ 75%
☐ 25%	6PM-12AM	☐100%

Purpose of Trip: _____

Project: _____

Date	Description/Comments	# of Miles @ 0.585/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: ☐ Per Diem ☐ Transportation ☐ Hotel

Signature: _____ **Date:** _____ **Approved by:** _____ **Date:** _____