COMMUNITY BRIDGES
Connecting Individuals with Disabilities to Their Community

COMMUNITY BRIDGES TRAVEL REIMBURSEMENT FORM

Employee print:		**Individual Name:**	
Manager approval:		**Month/year:**	

See Travel Reimbursement Policy. Forms must be completed and submitted to your manager for approval after the end of the month for which you are being reimbursed. Approved forms submitted to the Business Office by the 10th of the month, will be reimbursed in that month.

Date	**Miles**	**Other expenses**	**Destination** Must be specific address and town From/To	**Purpose** Must be specific – meeting with who, for what, how is related to client goals, etc.
Subtotal				**Employee Signature**
Miles x .48				**Total Reimbursement**