



NATIONAL SKILLS COALITION
Every worker. Every industry. A strong economy.

Southern States Convening Travel Expense Reimbursement Request Form

Name of Traveler	
Organization	
Purpose of Travel	
Dates of Travel	
Payee (if different than traveler)	
Payee address	
Payee city, state, zip	
Contact email (for questions about expenses)	

*****Each participant is eligible to receive up to a total of \$200 in reimbursements for allowable expenses. Receipts are required for all expenses except mileage.*****

ALLOWABLE EXPENSES	DATES	NOTES	AMOUNT
Air			
Train			
Taxi or Shuttle			
Mileage (53.5¢ per mile)			
Parking			
Total Reimbursement Requested			

Signature of Traveler	Date
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Please return signed, completed form and all receipts by May 19, 2017 to:

Kamina Ellington, Administrative Assistant, National Skills Coalition
1730 Rhode Island Avenue NW, Suite 712, Washington DC 20036
202.223.8991 ext. 100
kaminae@nationalskillscoalition.org

Designated Approver (Internal Use):

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