



# REIMBURSEMENT REQUEST FORM

**C·U·E**  
www.cue.org

Claims requested must be supported by receipts and must specify the activity or function for which the expense was incurred. Attach receipts and return this form to the CUE office.

Claimant's Name \_\_\_\_\_ Phone (\_\_\_\_) \_\_\_\_\_

Mailing Address \_\_\_\_\_

City/State/Zip \_\_\_\_\_

Claim for (activity): \_\_\_\_\_ Date \_\_\_\_\_

**Transportation**

Date	From/To	Distance	@ 0.55¢ per mile
_____	_____	_____	\$ _____
_____	_____	_____	\$ _____
_____	_____	_____	\$ _____
_____	_____	_____	\$ _____

Other travel (e.g. public transportation, air fare, car rental, parking, tolls):

Date	From/To	Distance	
_____	_____	_____	\$ _____
_____	_____	_____	\$ _____
_____	_____	_____	\$ _____
_____	_____	_____	\$ _____

Total for all transportation. . . . . \$ \_\_\_\_\_

**Rooms and meals:**

Approved CUE Per Diem for meals:

Breakfast - \$10.00                      Lunch - \$15.00                      Dinner - \$25.00

Date	Name/Location	Lodging or B/L/D	
_____	_____	_____	\$ _____
_____	_____	_____	\$ _____
_____	_____	_____	\$ _____
_____	_____	_____	\$ _____

Total for rooms and meals . . . . . \$ \_\_\_\_\_

(please specify, e.g. postage, printing, supplies, telephone, etc.)

**Other Expenses**

_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____

Total for other expenses . . . . . \$ \_\_\_\_\_

Total All Expenses . . . . . \$ \_\_\_\_\_

Signature of claimant: \_\_\_\_\_