

## Travel Reimbursement Request

**Employee Address:** \_\_\_\_\_

**Home Base (circle one):**    Kinston    NBES    NBMS    NBHS    ZCS    CO    Bus Shop

Date	EXPENSES				
mm/dd/yy	Hotel	Parking	Food	Registration	Misc
TOTALS					

## REQUIREMENTS for Reimbursement

**No more than a 15% tip will be reimbursed**

**One (1) reimbursement form per conference**

*\*Amended January 2025\**

Date: \_\_\_\_\_

Date: \_\_\_\_\_

Approval for Payment: \_\_\_\_\_ Date: \_\_\_\_\_