

Western Pennsylvania Writing Project Request for Travel Reimbursement

Conference or Destination & Purpose of Travel			
Expenses		DATE(S)	AMOUNT
Airfare			
Hotel	Rate w/tax:		
Mileage			
Meals			
Per diem (Must be authorized by Managing Director.)			
Total Requested			
Name of Requestor: (Please print)			
Social Security Number			
Address			
Phone			
Please attach all original receipts.			
Requestor's signature & date			
Administrator's signature & date			
Account (WPWP use)			